

FIBOX INC., 810 CROMWELL PARK DRIVE, SUITE R, GLEN BURNIE, MD 21061  
PH: 410 760 9696 FX: 410 760 8686

## CREDIT APPLICATION

Firm Name: \_\_\_\_\_  
DBA (Doing Business As): \_\_\_\_\_ Street Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Credit Availability Requested: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Federal Tax/Resale Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
☐ Corporation ☐ Partnership ☐ Proprietorship

Are Purchase Orders Required? YES \_\_\_\_\_ NO \_\_\_\_\_ Person To Contact: \_\_\_\_\_

List Officers, Partners, and/or Owners:

<u>NAME</u>	<u>TITLE</u>	<u>SOCIAL SECURITY NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State & Date of Incorporation: \_\_\_\_\_  
Have you(if signing the personal guarantee) or the firm ever declared bankruptcy or compromised a debt in the last seven years? \_\_\_\_\_  
Parent Company, if Division of Subsidiary: \_\_\_\_\_

### Bank References:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Account Number: _____	Account Number: _____

### Trade References:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____
<b>Fax Number:</b> _____	<b>Fax Number:</b> _____
Account Number: _____	Account Number: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____
<b>Fax Number:</b> _____	<b>Fax Number:</b> _____
Account Number: _____	Account Number: _____

Please Mail to:

**Attn: Credit Manager (at the address above)**

- ◆ Please enclose a copy of you most recent balance sheet and income statement.
- ◆ All questions must be answered for this application to be processed.

**Terms and Conditions:**

It is agreed by the undersigned that: (1) All goods and merchandise sold on open account will be due and payable within thirty (30) days from the date of invoice or other agreed terms; (2) Any sums not paid by 30 days after net due date, or other agreed terms are subject to the service charge legally assessed in your state per month; and (3) Applicant shall pay such costs, expenses, and reasonable attorney's fees as **FIBOX, INC.** may incur in any manner of collection of any sums past due.

This account application applies solely to firm located at the address indicated on the application. Should the application be granted, all invoices will be delivered to that address. Additional branch or chain stores under the same ownership may be required to file a separate account application or applications and the granting of credit for this application will not guarantee that additional outlets will be opened by **FIBOX, INC.**

The undersigned certifies that this open account application is made on behalf of the applicant shown on the reverse side for the purpose of securing open account terms of credit. The undersigned further certifies that the contents hereof and the financial data which is submitted herewith accurately represents the financial condition, without material change, of the applicant to this date. Should credit availability be granted by **FIBOX, INC.** all decisions with respect to the extension or continuation shall be in the sole discretion of **FIBOX, INC.** and **FIBOX, INC.** may terminate any credit availability within its sole discretion.

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**FIRM NAME**

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**AUTHORIZED SIGNATURE/TITLE**

**Personal Guarantee:**

In consideration of the extension of credit by the Seller herein to Buyer herein, the undersigned does jointly and severally guaranty to pay and be responsible for payment of all sums, balances and accounts due Seller by Buyer, including collection charges and/or attorney's fees. This shall be an open and continuing guaranty and shall continue in force notwithstanding any change in the form of such indebtedness, or renewals of extensions granted by the Seller, without obtaining any consent thereto, and until expressly revoked by written note from me/us to Seller. Any such revocation shall not in any manner affect my/our liability as to any indebtedness existing prior thereto. I/we do hereby waive notice of the acceptance of this Agreement, notice of default of non-payment and waive action required by any statute against the Buyer. No delay of Seller's part in exercising any right hereunder, or taking any action to collect or enforce payment of any obligations hereby guaranteed, either as against the Buyer or any other primarily or secondarily liable with the Buyer, shall operate as a waiver of any such right or in any manner prejudiced Seller's rights against me/us. I/we agree that in the event of any default at any time by said Buyer, Seller shall be entitled to look to me/us immediately for full payment without prior demand or notice.

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Signed

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Signed

**Please attach the following documents:**

- ✓ **blanket sales tax exemption certificate**
- ✓ **W-9 Form**