



Application for Credit

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner/Manager: _____ Phone #: _____

Years in Business: _____ D & B rating: _____

Nature of business: Please Check One : Sole Proprietor Partnership Corporation Limited Liability (LLC)

Federal ID#: _____ Social Security #: _____

Are you sales tax exempt? Yes No If yes, Sales Tax License #: _____

For which State: _____ **Please attach copy of license and exemption certificate.**

Purchase order required? Yes No Are you a subsidiary? Yes No If yes, name and location of parent Company. _____

Trade References:

1. Name: _____ Phone: (____)_____-_____

Address: _____ Fax: (____)_____-_____

_____ Email: _____

2. Name: _____ Phone: (____)_____-_____

Address: _____ Fax: (____)_____-_____

_____ Email: _____

3. Name: _____ Phone: (____)_____-_____

Address: _____ Fax: (____)_____-_____

_____ Email: _____

Trade Reference: (Unsecured Creditors Only. Finance, Lease, and Fuel Companies are not acceptable.) All Trade Information must be completely filled out to process credit.

Bank References:

Name of Bank: _____ Phone: (____)_____-_____

Address: _____ State: _____ Zip Code: _____

Bank Officer Name: _____ Phone: (required)(____)_____-_____ Fax: (required)(____)_____-_____

Bank Account No. (Required): _____ Credit Line Requested: \$ _____

Note: Financial Statements are required for considering credits over \$5000.00 if business has an establishing history of 3 years or less.



Interest:

Please estimate your anticipated monthly volume of business with us, and your product of most interest:

\$ _____ Aluminum Pickup Toolboxes. Approximate Annual Quantity _____

\$ _____ Steel Pickup Toolboxes. Approximate Annual Quantity _____

\$ _____ Alum. Semi Truck Toolboxes. Approximate Annual Quantity _____

\$ _____ Steel Semi Truck Toolboxes. Approximate Annual Quantity _____

Company Contact Information:

Accounts Payable Name: _____ Phone (____) _____ Fax (____) _____

Purchasing Manager Name: _____ Phone (____) _____ Fax (____) _____

President/C.E.O. Name: _____ Phone (____) _____ Fax (____) _____

Authorization and Terms of Agreement:

Terms: Charge invoices are due and payable (30) days from invoice date. Accounts not paid when due may be subject to a service charge on 1 ½% interest on outstanding balance per month (18 % annually) and credit on hold, and future purchases will be C.O.D. I (We) do give full authorization for American Truckboxes, LLC to verify credit references, initially and at such intervals as necessary. I (We) also certify that the above information is correct and that I (We) fully understand the terms as described above and agree to the proper payment in consideration of extended credit or terms. I (We) agree to pay service charges on past due charges and accounts at the rate stated above, plus all costs of collection, including reasonable attorney fees. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Please note: incomplete or unsigned applications cannot be processed.

By: _____

Title: _____ Date: (____/____/____)

M D Year

Send Finished Credit Application To:

American Truckboxes, LLC.
 15750 6th Street SE
 Blanchard, ND 58009
 (Attn: Credit Manager)

Or Email to: accounting@truckbox.com
 Or Fax to: (701) 636-0380