



CREDIT/ACCOUNT APPLICATION

CUSTOMER INFORMATION

Account Name	Account Name	A/P Contact	
Business Address	City/State/Zip		
Billing Address	City/State/Zip		
Phone	Purchaser Contact Email		
Fax	A/P Email		
A/P Phone	A/P Fax		
PO Required?	YES	NO	Payment Method: Check____ ACH____ Debit Card____ Other____
Please Check One: Corporation____ Partnership____ Sole Proprietor____ DBA____ Individual____			
Owner	Title		
Federal Tax ID#/Social Security #			
Bank	Address		
Contact	Phone		
Business References			
Reference	Contact		
Phone	Email	Address	
Additional Info: Have you ever filed bankruptcy? YES NO What type & when?			
<p>The above information is represented to be true and correct and has been provided to ProBox for the purpose of extending credit to the applicant. ProBox is hereby authorized to contact and make any and all inquiries from available references, banks and sources provided above. Any information provided or obtained as a result of this Application for Credit will be kept confidential and used only to evaluate the Applicant's credit worthiness. The applicant agrees to pay any and all accounts according to the terms listed on the invoice/contract. If no terms are listed, the applicant agrees to pay the account charges within 10 days of presentation of any invoice/billing. It is further understood and agreed if amounts owed are not paid when due, the applicant will pay all ProBox's collection costs, reasonable attorney fees, court costs and an 18% interest rate per year, calculated on a daily basis on all charges owed. It is agreed that in the event of any litigation, the venue will be in Maricopa County, Arizona.</p>			
Authorized Signer/Officer for the Applicant Company or Individual:			
Sign:	Date:	Name/Title:	
ProBox Lease/Sales Information			
Customer #	Container #		
Leasing Consultant	Branch		
Sale Amount: \$	Down \$	Balance \$	Terms?
ProBox Credit Use Only			
Approved	Approved Auto Pay	Date	