



# CREDIT APPLICATION



In order to establish an open line of credit and ship your orders promptly, financial information about your organization is required. Please complete all information so we can properly evaluate your organization and determine your credit limit. All information will be held in strict confidence. Thank you for your interest in Salsbury Industries' quality products.

**(Please fill in your information below, print, sign and fax to (323) 846-0446)**

COMPANY INFORMATION		BANK INFORMATION
Order Number (If applicable):		Bank Name:
Company Name:		Branch:
Address:		Address:
City/State/Zip:		City/State/Zip:
Phone:		Phone:
Fax:		Fax:
Email:		Contact:
Website:		Account #:
Year Established:	Years at Present Location:	Type of Account:
Federal ID No:		Average Balance:
Resale No:		Authorization to Release Information:
Dun & Bradstreet No:		
President/Partner/Owner:		Have you ordered from us before?
Vice President/Partner:		
Controller:		
Type of Business: Please check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		If yes, your Account #:

TRADE AND SUPPLIER REFERENCES	
Name:	Name:
Contact:	Contact:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Fax:	Fax:
Name:	Name:
Contact:	Contact:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Fax:	Fax:

## TERMS AND CONDITIONS

The above information is submitted to Salsbury Industries for its confidential investigation, appraisal and use. If the credit in any amount is extended, I (we) fully understand and agree to the terms and conditions.

1. Terms for payment of invoices are net 30 days from the date of invoice.
2. Amounts not paid within payment terms will be service charged and invoiced at 1-1/2% per month, 18% per annum.
3. Customer agrees to pay all collection costs, expenses and attorney fees incurred in the collection of any past due indebtedness whether or not suit is filed.
4. All payments on account will first be applied to the earliest dated open item.

If acknowledge that the foregoing information is true and complete to the best of my knowledge and that if credit is approved, payment will be made within the stated terms and conditions.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Phone: (323) 846-6700 • Fax: (323) 846-0446**  
 accounting@mailboxes.com • www.mailboxes.com  
**Salsbury Industries**  
 1010 East 62nd Street, Los Angeles, CA 90001-1598

**Please print, sign and fax this form to (323) 846-0446**