## Boxcar Press Credit Application

509 West Fayette St. Studio 135. Syracuse NY 13204. Phone 315.473.0930 accounting@boxcarpress.com. http://www.boxcarpress.com. Fax 315.473.0967

Signature:



Thank you for filling this out completely. We'll begin review of your credit application immediately, but the process can take several days depending on how quickly your vendor references respond.

Your name:			
Company/Corporate Names:		Date:	
Street Address:			
Mailing Address:			
Phone Number:		Fax number:	
Accounts Payable Contact:		Estimate of monthly purchase from us:	
Type of Business: $\square$ Sole Proprietor	☐ Partnership ☐ Corporation		
Owners and/or Officers of Business	S		
1. Name:	Position:	Home phone:	
Address:			
2. Name:	Position:	Home phone:	
Address:			
If any additional owners/officers are	responsible, please place their information	mation on the back of this application.	
Bank reference			
Bank name:	Your account #:		
Bank address:		Bank phone #:	
Business References (where credit is 1. Business Name:	is now extended)  Phone:	Fax:	
Address:		2 444	
2. Business Name:	Phone:	Fax:	
Address:			
3. Business Name:	Phone:	Fax:	
Address:			
Federal Tax Identification Number:			
☐ Taxable ☐ Variable by Purchase	Order 🗖 Exempt (Please attach or s	send a copy of your exemption certificate)	
Press in accordance with our terms. Applicanthe contract of each sale from Boxcar Press to Boxcar Press which have not been paid by additional service charge, computed on the snot be deemed to be a waiver of future service are parties to a written contract. Should it because	It agrees that each of the terms and condition of Applicant. Applicant acknowledges that a methe 30th day of the month following billing ame basis, will be due every 30 days thereafted charges. Applicant further agrees that with come necessary to place the account with a contract to all other sums due. The undersigned warm presents and warrants said information is true.		
Traine of Applicant.		Date.	

Title: