

MARKET CRATES



CORPORATE CHARGE APPLICATION

Please provide the location you wish to apply for:

If not sure, we will choose the closest location for you.

(Please fax this application to the store nearest you)

Date: _____

Account Number (Office Use Only): _____

Company: _____

Company's Legal Name: _____

Company's DBA Name: _____

Company's Federal Tax ID: _____

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

Telephone: _____ Fax: _____

Company Information:

Type of Business: _____

Contact Person: _____

Title: _____

Years in Business: _____ # of Employees: _____

Bills to the Attention of: _____

Principle's Name: _____

Principle's Telephone: _____

Principle's Signature: _____

Bank Information

Bank: _____

Telephone: _____

Address: _____

Account Title: _____

Trade References

Company: _____

Telephone: _____

Company: _____

Telephone: _____

Accounts Payable Address

Same as Above? Yes _____ No _____

If you selected "No", the information below is required

Company: _____

Address: _____

Telephone: _____

Fax: _____

Contact Person: _____

Title: _____

Bills to the Attention of: _____

Charge and Billing Information

The Following are Authorized to Use

This Charge Account:

Credit Card Information

Understand Full Payment of our Monthly Statement is Due Upon Receipt. The Terms of Payment are 15 Days After Receipt of Statement. Accounts in Arrears of 30 Days after Receipt of Statement will be Charged to Your Credit Card.

Please Provide Your Corporate or Private Credit Card Information to be Securely Filed with Us.

Type of Card: _____

Authorized Signature:

Card Number: _____

(Owner or Partner)

Exp. Date: _____
