

Plant Service Corp./Super Box

P.O. Box 306, Pitman, New Jersey 08071 ~ 800-257-7840 ~ Phone: 856-589-3336 ~
Fax: 856-589-0603

Company Name: _____ No. of Yrs. In Business: _____
Address _____ City, State, Zip _____
Phone: _____ Fax: _____ No. of Employees _____
() Corporation () Partnership () Proprietorship () Other Do you issue P.O.'s? Y ___ N ___
Tax Exempt? Y ___ N ___ If Yes, Please attach valid tax-exempt certificate.

Owner/Officer's Name and Title: _____ D.O.B _____
Residence Address _____ City, State, Zip _____
Residence Telephone _____ SS# _____
() Buying: Mortgage Co. _____ Mo. Payment: _____ () Rent () Own
Bank References: (Please include bank name, address, account number & phone number)

1. _____
2. _____

CREDIT REFERENCES

Equip. Dealer/Supplier References (Please include company name, address, contact, phone & fax number)

1. _____
2. _____
3. _____

Insurance Agent's Name _____ Phone: _____
Accountant's Name _____ Phone: _____

Credit Card Authorization ~ I hereby authorize charges to my credit card for any and all past due balances including a 2 % handling charge. If credit is extended, I hereby agree to allow charges to my credit card for any and all balances that exceed credit terms as agreed to herein. **Please Note: Plant Service Corp/Super Box accepts only Visa / MasterCard.**

Credit Card Issuer _____ Name on Card _____
Expiration Date _____ Credit Card Number _____
Authorized Signature _____ Printed Name _____

I attest the foregoing information is complete and accurate. I authorize you to use credit-reporting agencies to obtain credit information regarding my account now and in the future. I agree that late charges will be assessed on past due balances at two percent (2%) per month. For good and valuable consideration, I personally guarantee payment for all goods, services, rentals purchased from Plant Service Corp/Super Box and all indebtedness incurred by the above. I further agree to pay 30% collection charges, in the event of default, if the account is placed with an attorney or collection agency.

Signature _____ Printed Name _____
Witness _____ Printed Name _____