



A BETTER BOX CORP
 8454 Trojan Street
 Pico Rivera, CA 90660
 888-687-1200
 FAX: (562) 948-3785

AGREEMENT AND APPLICATION FOR CREDIT

NAME _____ PHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 TYPE OF BUSINESS: CORPORATION ___ PARTNERSHIP ___ SOLE PROPRIETORSHIP ___
 YEARS IN OPERATION _____ FEDERAL ID _____.

ANTICIPATED CREDIT LIMIT _____ ACCOUNTS PAYABLE CONTACT _____
NOTE: IF PURCHASES ARE FOR RESALE, PLEASE ENCLOSE A COMPLETED RESALE CERTIFICATE.

LIST ALL OWNERS, OFFICERS, OR GENERAL PARTNERS (use separate sheet if necessary)

1. NAME _____ TITLE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ SOCIAL SECURITY NUMBER _____
 2. NAME _____ TITLE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ SOCIAL SECURITY NUMBER _____

CURRENT TRADE REFERENCES (list only active vendors)

VENDOR NAME	ACCT #	ADDRESS	CITY & ZIP	PHONE
1. _____				
2. _____				
3. _____				
4. _____				

The applicant authorizes the use of a facsimile of this document as verification of release of information by references to the Seller. Applicant agrees to pay for all goods purchased in compliance with the prevailing terms of the Seller. It is further understood that all past due accounts will bear a service charge not to exceed 1 1/2% per month or 18% per annum on any delinquent account, collection fees and/or attorney fees. This shall be an open and continuing guarantee, not withstanding any changes, removals extensions or the like, granted by the Seller. This agreement shall be treated as though it were executed and to have been performed at **YOUR CITY, STATE**. Any action relating to this agreement shall be instituted and prosecuted in the courts of **YOUR COUNTY, STATE**. If a corporation, this agreement must be signed by an officer. If a partnership, this agreement and application must be signed by all general partners.

I have read and agree to all terms and conditions of sale as set forth in the foregoing.

PRINT NAME (Owner, Officer, General Partner) Circle one _____ SIGNATURE _____ DATE _____

PERSONAL GUARANTEE

In return for the extension of credit the undersigned hereby jointly, severally, and personally guarantee to pay and be responsible for payment of all amounts due Seller by Applicant, including collection charges and/or attorney's fees. This shall be an open and continuing guarantee, notwithstanding any changes, removals, extensions or the like granted by Seller.

The undersigned hereby waives notice of default or non-payment. Seller shall be entitled to look to the undersigned for full payment without prior demand, notice of seeking recourse against any other party.

PRINT NAME _____ SIGNATURE _____ DATE _____

PRINT NAME _____ SIGNATURE _____ DATE _____