

# Mailboxes of Iowa City

Your shipping and packaging store!



308 E. Burlington St.  
Iowa City IA 52240  
Phone: 319-354-2113  
Fax: 319-354-4632  
Email: [mailboxesic@mailboxesic.com](mailto:mailboxesic@mailboxesic.com)  
[www.mailboxesic.com](http://www.mailboxesic.com)

## Commercial Account Application

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner(s) or Officer(s) of Business: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

To be paid by (Please check one): Cash/Check: \_\_\_\_\_ Saved Credit Card: \_\_\_\_\_

(Please call or come into the store to save a card on file)

Length of time in business: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

Individuals Authorized to charge on account:

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

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

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

I verify the above information is true and correct to the best of my knowledge. I agree to promptly notify Mailboxes of Iowa City in writing of any changes to the above information. (If company name is changed or if there are any additions/terminations of authorized user(s), please submit a letter of changes on company letterhead). I hereby give consent and authorize the above listed user(s) to charge against our account at Mailboxes of Iowa City and understand that our company is liable for payment of all charges incurred by the authorized user(s). Payment terms are Net 10 EOM. I agree to the Terms & Conditions of shipping with Mailboxes of Iowa City.

Signature (Owner or Officer): \_\_\_\_\_