



ShoeRox™

Division of CPC Brands.

P.O. Box 6533

Greenville, SC 29607

Phone: 1-800-736-5072

Fax: 864-288-4166

CREDIT APPLICATION

Company Name: _____

Mailing Address: _____ Shipping Address _____

Telephone # _____

Fax # _____

Average Anticipated Sales _____

Corporation Partnership Sole Proprietorship

Tax Exempt # _____

Date Established _____

Please attach copy of sales tax exemption certificate

Names of Owners/Officers

Title

A/P Clerk _____

Credit References

Company Name _____

Company Name _____

Address _____

Address _____

Telephone # _____

Telephone # _____

Fax # _____

Fax # _____

Company Name _____

Company Name _____

Address _____

Address _____

Telephone # _____

Telephone # _____

Fax # _____

Fax # _____

Bank Name _____

Address _____

Telephone # () _____

Account # _____

I hereby give SHOEROX™ DIV. CPC BRANDS authorization to contact my references for the sole purpose of obtaining credit information, used in processing this application.

Signature _____

Date _____