



CREDIT APPLICATION FOR OPEN ACCOUNT

CORPORATE OFFICES
 6412 South 190th Street
 Kent, WA 98032
 corp 425-251-5428
 fax 425-251-1484
 toll free 1-800-443-5431
 www.BoxMaker.com

BUSINESS INFORMATION			
**THIS INFORMATION MUST BE FILLED OUT IN ORDER TO PROCESS			
Company Name:			
Phone:	Fax:	E-mail:	
Billing Address:			
City:		State:	Zip Code:
Ship to Address:			
City:		State:	Zip Code:
Sole Proprietorship:	Partnership:	Corporation:	Individual:
NAME OF PRINCIPALS			
Name:		Title:	
Name:		Title:	
Name:		Title:	
BANK REFERENCES			
Bank Name:		Branch:	
Address:		Account #:	
Contact:		Phone:	
TRADE REFERENCES			
Company Name:		Contact:	
Address:		Phone:	Fax:
Company Name:		Contact:	
Address:		Phone:	Fax:
Company Name:		Contact:	
Address:		Phone:	Fax:
BOXMAKER SALES REP			
Sales Rep:			
A COPY OF YOUR WASHINGTON STATE RESALE CERIFICATE MUST BE INCLUDED IF ITEMS ARE FOR RESALE			
AGREEMENT			
<p>The above information is for the purpose of obtaining credit and is warranted to be true. It is agreed that all charges will be paid in accordance with the "Terms of Sale" as specified on invoices. A monthly service charge will be assessed on amounts which are more than 30 days past due and constitutes an annual percentage rate of 18%. In the event suit or action is instituted to collect any sums due from purchaser, the plaintiff therein shall be awarded its reasonable attorney's fees and court costs. The undersigned has read the above Credit Application For Open Account and, as additional consideration to The BoxMaker, Inc. for granting such credit, I do hereby agree to personally guarantee payment of any obligation owed by the applicant to The BoxMaker, Inc., including, but not limited to, principal, interest and attorneys fees.</p>			
**Application must be signed in order to process			
Authorized Signature:		Date:	
Printed Name:		Title:	

SEATTLE
 PORTLAND
 EUGENE
 BELLINGHAM
 SPOKANE
 MEDFORD