

APPLICATION FOR CREDIT



Box It Up ! Packaging Supplies Company

17282 Mount Wynne Circle
Fountain Valley , CA. 92708
Office: (714) 557-0505

Please return this form via fax to:
Fax: (714) 557-0266

Date _____

(Please answer all questions. When no figures are inserted, Write "None")

Firm name		Trade style/type of business	
Billing Address		Phone #	
Shipping Address			
City		State	ZIP CODE
Full name of owners (or an authorized officer of corporation) list home address & zip code for partnership or individuals			
Please check one	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	SS # (FOR PARTNERSHIP OR INDIVIDUAL)	FED TAX NO. (FOR CORP)
			D&B #
Buyer and seller agree that a faxed or emailed invoice is considered an original document			
E-MAIL <input type="checkbox"/>	FAX <input type="checkbox"/>	E-MAIL or FAX #	Paper & Postage <input type="checkbox"/>
No monthly statement will be sent unless this box is checked. <input type="checkbox"/> all charges will be invoiced			
Purchases are for resale: no <input type="checkbox"/> yes <input type="checkbox"/> if yes, resale card must be attached			
Maximum credit limited requested \$	Current quarterly packaging volume \$	DATE BUSINESS STARTED	
Former business		Location	
Own or rent building – if rent – from whom?		Value	
Real estate mortgage			
Trade references:	Reference 1	Reference 2	Reference 3
Name	Name	Name	Name
Address	Address	Address	Address
State	State	State	State
Zip Code	Zip Code	Zip Code	Zip Code
Telephone	Telephone	Telephone	Telephone
Name of Bank	Account Number	Telephone	
Street Address		State	Zip Code
Applicant's signature attests financial responsibility, ability and willingness to pay accordance invoices in accordance with the following terms 1%-10, net 30days			
PAYMENT DELINQUENCY – Buyer agrees to pay Seller interest rate 1-1/2% per month (or such other as a permitted by applicable laws on any unpaid balance in the event of Buyer's default in payment in accordance with scheduled payment dates and amounts. Buyer further agrees that upon any such default Seller may declare entire amount due to enforce collection of all amounts outstanding irrespective of any other provisions contained herein, including provisions for deferred or installment payments. Buyer agrees to pay cost and expenses incident to default in terms herein and relating to all collection of amounts owed hereunder, including attorney's fee. It is our Company's policy to enforce its right under the law. Subject Jurisdiction is San Bernardino County, California.			
The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I hereby authorize the firm to whom this application is made to investigate the references listed to my/our and financial responsibility which includes verifying bank history and balances.	Firm Name		
	By		Title
	By		Title

NOTICE

Please complete the Resale Tax Card below and return the form as soon as possible. The California State Board of Equalization Requires Sales Tax be charged until we have this card on file. Taxes will be charged on future invoices until we receive this card. Please fax to (714) 557-0266

Thank You

Firm Name _____

I Hereby Certify,

That I hold valid seller's permit No. _____
issued pursuant to the Sales and Use Tax law: that I am engaged in the business of selling

That the tangible personal property described herein which I shall purchase from:

Box It Up ! Packaging Supplies Company

Will be resold by me in the form of tangible personal property; **PROVIDED**, however, in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course business, it is understood that I am required by the Sales and Use Tax law to report and pay for the tax, measured by the purchase price of such property.

Description of Property to be Purchased: _____

Date: _____ Signature _____

at _____ By and Title _____

Phone _____ Address _____

The below named customer with signature and account number with your institution authorizes you to disclose certain general banking information to us. Please complete and fax back as soon as possible. Thank you for your cooperation.

Date: _____

Customer Name: _____

Bank Name: _____ Fax #: _____

Primary Checking Account Number: _____

Name of Authorized Signer (Please Print): _____

Authorizing Signature for This Transaction: _____

(** Attn: Customer. Please fill out the above section completely for authorization****)**

(** Below section is for banking institution only****)**

Information Requested

Customer Since: _____

Monthly Average Balance: _____

Number of Checks Written Returned NSF: _____

General Comments: _____

The information you provide us on your customer has been authorized and will be held in strict confidence for determining creditworthiness and ability to pay only. Thank you. Please complete and return via fax to (714) 557-0266