



# APPLICATION FOR BUSINESS CREDIT

Name of Firm \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Resale # \_\_\_\_\_

Check One:

(  ) Limited Liability Company (  ) Partnership (  ) Sole Proprietorship (  ) Corporation

Name of President & Treasurer, Owner or Partner \_\_\_\_\_

If sole proprietorship, Social Security number of owner: \_\_\_\_\_

Will Firm submit a financial statement upon request?  Yes  No

BANK REFERENCE	ACCOUNT #	ADDRESS	PHONE#	FAX #
1. _____	_____	_____ _____	_____	_____
2. _____	_____	_____ _____	_____	_____

BUSINESS/TRADE REFERENCE	ACCOUNT #	ADDRESS	PHONE#	FAX #
1. _____	_____	_____ _____	_____	_____
2. _____	_____	_____ _____	_____	_____
3. _____	_____	_____ _____	_____	_____
4. _____	_____	_____ _____	_____	_____

I (We) understand that the information furnished you on this page is for the purpose of obtaining business credit from your firm. That I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. That all accounts or monies due you shall be due and payable at your place of business. We hereby authorize the release of credit information to The Box Company Inc.

\_\_\_\_\_  
Name / Title Plant Name / Number Date

\_\_\_\_\_  
Salesperson and Sales Number (Blank if unknown) Credit Limit Requested