



B O X Partners

Welcome to B O X!

We would like to welcome you as a B O X Partners customer!

Please take a few minutes to give us your account information. This information ensures accuracy setting up your account and gives us the necessary information to provide you with the best service in the industry.

To be sold on open account, kindly complete and sign the attached *Application for Credit and Bank Authorization*.

If your purchases are not subject to tax, please complete and sign the attached *Blanket Certificate of Resale*. Without this signed certificate in our files, we are required by law to charge sales tax.

Kindly complete and return as soon as possible to avoid delays in processing your orders. Our fax number is (847) 783-9145.

Thanks again for choosing B O X! We look forward to servicing you!



Account Setup

I/we hereby apply for extension of credit. The following information is submitted in confidence.

Company Name:

Billing Address:

City:

State:

Postal Code:

Phone:

Fax:

Billing Contact:

E-Mail:

Preferred Invoice Method:

E-Mail

Fax

Invoice E-Mail Address/Fax #:

SHIP TO

Only if different from above and will apply to every order.

Address:

City:

State:

Postal Code:

SHIPPING SPECIAL INSTRUCTIONS

We assume you are open for receiving 8:00 AM to 5:00 PM Monday through Friday. Kindly provide us with any information that may make our delivery to you as smooth as possible.



Application for Credit

Legal Name of Company:

Year Established:

Subsidiary/Division of:

City:

State:

Postal Code:

Type of Business:

Corporation

Partnership

Proprietorship

LLC

Federal Identification Number:

Initial Credit Requested:

Principal/Owner/Officer 1:

Phone:

Principal/Owner/Officer 2:

Phone:

TRADE REFERENCES

Please list only accounts with which you have CURRENT open credit terms (no COD).

Major Trade Supplier 1:

Acct #:

Phone:

Fax:

Major Trade Supplier 2:

Acct #:

Phone:

Fax:

Major Trade Supplier 3:

Acct #:

Phone:

Fax:

OUR TERMS ARE NET 30

I HEREBY CERTIFY: That all the information on this form is correct. I/we fully understand your credit terms and agree to the proper payment in consideration of extended credit. I/we agree to pay 1 1/2% per month, 18% yearly, on all past due balances. If our company defaults on payment of any outstanding valid invoices, I/we agree to pay for B O X Partners' attorney fees, collection expenses and all court costs arising from our failure to pay. MUST BE SIGNED BY AN OFFICER OR PRINCIPAL OF THE COMPANY IN ORDER TO BE PROCESSED.

Signature

Printed Name

Title

Date

CREDIT APPLICATION

Rev 5.0

www.boxpartners.com





Bank Authorization

Bank Name: **Phone:** **Fax:**

Bank Address: **City:** **State:** **Postal Code:**

TO BANK PERSONNEL

Checking Account #: **Company Name:**

For the purpose of establishing an open account with B O X Partners, LLC, I/we hereby authorize you to release information on our commercial accounts.

Signature *Printed Name* *Title* *Date*

THE FOLLOWING TO BE COMPLETED BY BANK

So we may consider granting open account terms to the customer, we ask you, in confidence, to supply us with the following information.

Checking Open Date: **Avg. Balance:** **NSF/Return Checks?** Y N **Rating on account:**

Loan Open Date: **High Credit:** **Secured?** Y N **Collateral:**

Current Status? Y N **Past Due Amount:** **Balance Owing:** **Rating:**

Return Fax: (847) 783-9145

B O X Partners, LLC
 2650 Galvin Drive
 Elgin, IL 60124
 (847) 783-9000
 www.boxpartners.com





If the products you are purchasing from us are tax exempt, please complete and return along with a copy of the Certificate of Resale immediately via fax. Without this signed certificate in our files, we are required by law to charge sales tax.

Blanket Certificate of Resale

I HEREBY CERTIFY: That I/we hold a Certificate of Registration or Resale Number issued by the Department of Revenue under the Retailers' Occupation Tax Act and that tangible personal property described below which I/we have or will purchase from B O X Partners was or will be resold by me/us in the form of tangible personal property, and I/we agree to assume all responsibility for the payment of Retailers' Occupation Tax, Service Occupation Tax or Use Tax, as may apply in respect to the sale or use of the same.

This completed certificate shall be considered part and parcel of each order unless B O X Partners is otherwise informed in writing.

Description of property purchased or to be purchased: Packaging, shipping, industrial, safety & janitorial products, packaging accessories equipment and applicators related thereto.

State:

Tax Exempt #:

ICC#:

Legal Name of Company:

City:

State:

Postal Code:

Signature

Printed Name

Title

Date

Return Fax: (847) 783-9145

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