



PACKAGING PARTNERS

Welcome to BOX!

We would like to welcome you as a BOX 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 *Illinois CRT-61 Certificate of Resale* or the *Uniform Sales & Use Tax Exemption/Resale Certificate*. Without one of these signed certificates 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 BOX! 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/E-Mail:

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/E-Mail:

Major Trade Supplier 2:

Acct #:

Phone:

Fax/E-Mail:

Major Trade Supplier 3:

Acct #:

Phone:

Fax/E-Mail:

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 BOX 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 6.0

www.boxpartners.com


Bank Authorization

Bank Name:	Phone:	Fax/E-Mail:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Bank Address:	City:	State:	Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To Bank Personnel

Checking Account #:	Company Name:
<input type="text"/>	<input type="text"/>

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

Signature	Printed Name	Title	Date
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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?	Rating on account:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
Loan Open Date:	High Credit:	Secured?	Collateral:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
Current Status?	Past Due Amount:	Balance Owing:	Rating:
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>

Return Fax: (847) 783-9145

BOX 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 a copy of the Illinois CRT-61 Certificate of Resale or the Uniform Sales & Use Tax Exemption/ Resale Certificate immediately via fax (blank copies follow). Without one of these signed certificates in our files, we are required by law to charge sales tax.

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