



Box King Products

MANUFACTURER OF QUALITY PACKAGING

40 S. 2nd Avenue
Phoenixville, PA 19460

Phone (610) 933-2500
Fax (800) 220-9696

Credit Application

Application must be completed in full or it will not be processed

Individual or Company Name _____ Phone _____ Fax _____

Company Street Address _____ City _____ ST _____ ZIP _____

Billing Address _____ City _____ ST _____ ZIP _____

Accounts Payable Contact: Name _____ Phone# _____ E-mail _____

Nature of Business _____ Date Established _____ # of Employees _____

Business Building is: _____ Owned _____ Rented _____ From Whom _____

Check One: Corporation (Year INC. _____ State _____) Sole Proprietorship Partnership

Federal ID#: _____ Re Sale Permit #: _____

Principal / Officer: _____ S.S# _____ Home Phone# _____

Home Address _____ City _____ ST _____ ZIP _____

Has applicant or any of its principals ever traded under another name? NO YES Name _____

Has applicant or any of its principals ever filed a volutary petition in bankruptcy? NO YES

Has a tax lien or civil suit been filed against applicant or its principal(s) within the last six years? NO YES Disposition _____

Application for credit is hereby made and permission given to contact the following references

BANK REFERENCES

Bank Name _____ Bank Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Telephone # _____ Telephone # _____

Account # _____ Account # _____

Bank Officer to Contact _____ Bank Officer to Contact _____

TRADE REFERENCES

Bank Name _____ Telephone # _____

1 Address _____ Account # _____

City, State, Zip _____ FAX # _____

Bank Name _____ Telephone # _____

2 Address _____ Account # _____

City, State, Zip _____ FAX # _____

Bank Name _____ Telephone # _____

3 Address _____ Account # _____

City, State, Zip _____ FAX # _____

TERMS: In consideration of Box King Products extending credit on an open account to the undersigned, I/We agree that all accounts are due on a net 30 day basis from the date of shipment an futher agree that all pay-ments not received when due at the offices of 40 S. 2nd Ave., P.O. Box 784, Phoenixville, PA 19460, will accrue interest on the overdue account balance at the rate of 1.5% per month until paid in full and/or account may be subjected to a credit hold. If any legal action is necessary to enforce collection of amounts due under this agreement, including interest, it is agreed that the prevailing party shall be entitled to reasonable attorney's fees plus costs and expenses associated with the lawsuit, in addition to any unpaid principal and accrued interest. \$20 fee on all returned checks by bank. 20% restocking fee on all returns.

I certify that the above information is correct. I agree to be bound by the terms of this contract and assert that I have proper authority to enter into this contract.

Authorized Signature: _____ **Title:** _____

Name Printed: _____ **Date:** _____