|  |  |
| --- | --- |
|  | Out of the Box Manufacturing  New Customer Information And Credit Application Form |

# BUSINESS INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Business Name: |  | | | | | |
| Sales Contact: | Name: |  | | | | |
|  | E-Mail: |  | | | | |
|  | Phone: |  | | | | |
|  |  | | | | | |
| Accounting Contact: | Name: |  | | | | |
|  | E-Mail: |  | | | | |
|  | Phone: |  | | | | |
|  |  | | | | | |
| Ship to Address: |  | | | | | |
| Bill to Address: |  | | | | | |
| Tax Status:  *Please Check the applicable Box* |  | Taxable |  | | Non-Taxable  *A copy of the Company Resale Certificate is required for Non-Tax status* | |
| Preferred Shipping Method: |  | | | Carrier: | | Account Number: |
| Special Requirements: |  | | | | | |

# Credit AND Bank INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Date business commenced |  | Bank name: |  |
| How long at current address? |  | Bank addressCity, State ZIP Code |  |
| Sole proprietorship Partnership Corporation | Other | Phone |  |
| Account number |  |
| Type of account | Savings  Checking  Other |
| Preferred Payment Method: |  | Requested Terms: |  |
|  | | | |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Nature of Business Relationship |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Nature of Business Relationship |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Nature of Business Relationship |  | Other |  |

# agreement

1. All invoices are to be paid according to the terms granted after the credit review has been performed. A late fee of 1.5% will be added to invoices not paid within the granted terms.
2. Sales Tax will be applied to all Washington State invoices until a valid Resale Certificate has been received.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Out of the Box Manufacturing to make inquiries into the banking and business/trade references that you have supplied.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |