

The Box Zone

"Over 2,000 Sizes"

211 W. Katella Ave. #D
Orange, Ca. 92867

Phone (714) 771-0010

FAX (714) 771-0040

APPLICATION FOR CREDIT

Company Name _____ Phone _____ Fax _____

Address & City _____

Name of Parent Company, (if Subsidiary) _____ Phone _____

Address & City _____

Proprietor, Partners _____
or Officers if _____
Incorporated _____

Name

Home Address

Phone

Name

Home Address

Phone

Name

Home Address

Phone

Kind of Business _____ Year Established _____

How Long at Present Address? _____ Is Business Incorporated? _____ Under Laws of What State? _____

Name and Address of Landlord _____

City/State _____ Phone _____ Calif. Resale No. (if any) _____

TRADE REFERENCES

Please provide only names of Businesses from whom you buy on open account.

Name _____ Phone _____ Fax Number _____

Name _____ Phone _____ Fax Number _____

Name _____ Phone _____ Fax Number _____

Name _____ Phone _____ Fax Number _____

Bank _____ A/CNo. _____ Branch _____ Phone _____

Bank _____ A/C No. _____ Branch _____ Phone _____

For the purpose of obtaining merchandise, permission is granted to verify all information provided herein.

I understand that The Box Zone bills are due on receipt, and that a service charge of 1 1/2% per month will be charged on any balances unpaid after 30 days.

Date _____ Signed _____
Full Name of Company

By _____
Please Print Name Authorized Signature & Title

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Please fax this application to (714) 771-0040