



American Box Company
 23128 W 43rd Street
 Shawnee, KS 66226
 Phone: 913-384-0992
 Fax: 913-384-3428

Application for Credit

Company Name:	Address:	City:	State:	Zip Code:
Phone Number:	Fax Number:			

Full name of Owner(s) or Authorized Officer of Corporation (list Home address for Partnership or Individual):				
Type: Corporation	Partnership (complete below)		Individual (complete below)	
(Partnership or Individual corporations only) Name:	Address:	City:	State:	Zip Code:
(Partnership or Individual corporations only) Name:	Address:	City:	State:	Zip Code:

Type of Business:	Date Started:		
Parent Company:	Address:	City:	State: Zip Code:
Exempt from Sales Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete and return the Tax Exemption Certificate Form	DUNS Number:	
Accounts Payable Contact:	Phone Number:		
Buyer:	Phone Number:		

Credit References

Company Name:	Address:	City:	State:	Zip Code:
Contact Name:	Phone Number:	Email Address:		
Company Name:	Address:	City:	State:	Zip Code:
Contact Name:	Phone Number:	Email Address:		
Company Name:	Address:	City:	State:	Zip Code:
Contact Name:	Phone Number:	Email Address:		

Bank Information

Name:	Address:	City:	State:	Zip Code:
Contact Name:	Phone Number:	Account Number:		

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with the following terms:
 1% 10 days, NET 30 days.

Authorized Signature (Owner, Partner, or Corporate Officer)	Title:	Date:
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