

Dear Client,

Thank you for considering The BoxMaker, Inc. as your packaging partner. It is our goal to provide integrated services and solutions that effectively solve your business needs.

To establish an open account with The BoxMaker, the enclosed package containing the following documents must be completed in its entirety:

- 1) Credit Application for Open Account
- 2) Accounts Payable Contact Sheet
- 3) Client Delivery Information Sheet

If your company has a valid Reseller Permit from the state(s) where your purchases are shipped to, please include it with your submission, or provide a Uniform Sales and Use Tax Exemption/Resale Certificate (Multijurisdiction) or a Streamlined Sales Tax Agreement Certificate of Exemption. If you do not submit a tax exemption, we will charge all applicable sales taxes from states where required. Please note that trade references do not include legal or accounting services, freight companies, and landlords or any other contracted services. True trade references with open account terms are required.

The Credit Application must be executed by a company officer or owner. If you are a subsidiary and any outstanding balance will be guaranteed by your parent company, we will need all the relevant information from the parent company as well. The BoxMaker reserves the right to request financial statements from you if we deem necessary.

After review, your sales representative will notify you of your credit application status approval or denial. We will attempt to have all approvals to you within 5 business days of the receipt of your completed and signed documents. When approved please note that our standard terms are Net 30.

Thank you for awarding The BoxMaker the opportunity to serve your business.

Sincerely,

A handwritten signature in blue ink that reads "Dwight H. Sawtell".

**Dwight Sawtell**  
*VP of Finance and Administration*

(425) 291-1212  
DwightS@boxmaker.com

The BoxMaker, Inc.



# Credit Application For Open Account

Please send to Accounts.Rec@BoxMaker.com or fax to (503) 445-1989.

## BUSINESS INFORMATION \*\*This information must be filled out in order to process

Company Name:			
Billing Address:	State:	Zip Code:	
City:			
Phone:			
Sole Proprietorship: <input type="radio"/>	Partnership: <input type="radio"/>	Corporation: <input type="radio"/>	Individual: <input type="radio"/>
Other:			

## NAME OF PRINCIPALS

Name:	Title:
Name:	Title:
Name:	Title:

## BANK REFERENCES

Bank Name:	Branch:
Address:	Account #:
Contact:	Phone:

## TRADE REFERENCES Minimum of three required

Company Name:	Phone:
Address:	Phone:
Accounting Contact:	Fax:
Email:	Fax:
Company Name:	Phone:
Address:	Phone:
Accounting Contact:	Fax:
Email:	Fax:
Company Name:	Phone:
Address:	Phone:
Accounting Contact:	Fax:
Email:	Fax:

## CREDIT REQUESTED

Terms Requested:	Credit Limit Requested:
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## BOXMAKER SALES REP

Sales Rep:
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A COPY OF YOUR STATE RESALE CERTIFICATE MUST BE INCLUDED IF ITEMS ARE FOR RESALE.

## AGREEMENT

The above information is for the purpose of obtaining credit and is warranted to be true. It is agreed that all charges will be paid in accordance with the "Terms of Sale" as specified on invoices. A monthly service charge will be assessed on amounts which are more than 30 days past due and constitutes an annual percentage rate of 18%. In the event suit or action is instituted to collect any sums due from purchaser, the plaintiff therein shall be awarded its reasonable attorney's fees and court costs. The undersigned has read the above Credit Application For Open Account and, as additional consideration to The BoxMaker, Inc. for granting such credit, I do hereby agree to personally guarantee payment of any obligation owed by the applicant to The BoxMaker, Inc., including, but not limited to, principal, interest and attorneys fees. This agreement shall be construed under the laws of the State of Washington, and any litigation to construe or enforce this agreement shall be brought in a court of appropriate state or federal jurisdiction venue in King County, Washington.

\*\*APPLICATION MUST BE SIGNED BY UPPER MANAGEMENT IN ORDER TO PROCESS

Authorized Signature: (Digital signatures not accepted)	Date:
Printed Name:	Title:



## AP Contact Sheet

(800) 443-5431  
BoxMaker.com

### To our Valued Clients,

To expedite the invoicing process and reduce our environmental footprint we have changed the method in which we distribute invoices.

Please indicate on the lines below your preference and information for receiving your invoices in the future.

Return this form via email to: [Accounts.Rec@boxmaker.com](mailto:Accounts.Rec@boxmaker.com).

Your Company Name:

Accounts Payable Contact Name:

A/P Phone Number:

Email Address:

Fax Number with Area Code:

Additional Instructions/Notes:

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### The BoxMaker, Inc. Accounting Department

**Lisa Castaneda** (425) 291-1237

**Dianna Jorgensen** (503) 206-3875

**Diana Combs** (425) 291-1224





(800) 443-5431  
BoxMaker.com

To our Valued Clients,

Thank you for choosing to pay by ACH. Our banking information is:

Bank: KeyBank  
Account Name: Boxmaker Joint UPIC  
Routing Number: 021052053  
Account Number: 35635941

This account is for ACH only. Please contact me if wire information is needed.

Please send your remittance information to: [accounts.rec@boxmaker.com](mailto:accounts.rec@boxmaker.com).

Our accounts receivable and credit contacts are:

Lisa Castaneda: (425) 291-1237  
Dianna Jorgensen: (503) 206-3875

For your records, our mailing address is PO Box 58968, Tukwila, WA 98138.

Thank you,

A handwritten signature in blue ink that reads "Diana Combs".

**Diana Combs**  
*Controller*

(425) 291-1224  
DianaC@boxmaker.com

The BoxMaker, Inc.

## Credit Card and E-Check Online Payment Instructions

1. Visit our website: [www.boxmaker.com](http://www.boxmaker.com)
2. Scroll to the bottom of the page and select **Make a Payment**
3. Enter the required fields:
  - Business Name:** Your business name
  - Order/Invoice:** Your BoxMaker Sales Representative's name
  - Customer ID:** Your name
  - Description:** Item, print plate, cutting die, etc. as confirmed with your Sales Representative
  - Amount:** Payment to include
4. Click on **Pay**
5. Enter payer information and click **Continue**
6. Enter payment information (credit card or e-check) and card holder/account holder information and click **Continue**
7. Review billing information and payment amount, select **I agree to the Terms and Conditions** check box and click **Submit Payment**
8. To expedite the posting of your payment, click **E-mail Receipt** and send to: [accounts.rec@boxmaker.com](mailto:accounts.rec@boxmaker.com). This saves the 24-hour notification period. If you would like to send a copy of your receipt to anyone else (such as yourself or your Sales Representative), clear the e-mail field and enter a new e-mail address and click **E-mail Receipt** again. The system only allows one email to be sent at a time.
9. If your payment is successful click **Finish**

### Amount Due:

Total includes cost of goods, tax if applicable, .95% fuel surcharge on delivered orders, cutting dies/print plates if applicable. Confirm with your Sales Representative.



(800) 443-5431  
BoxMaker.com

## Accounting Contacts

### **Accounts Receivable Specialist**

Lisa Castaneda  
(425) 291-1237  
[LisaC@BoxMaker.com](mailto:LisaC@BoxMaker.com)  
[Accounts.Rec@BoxMaker.com](mailto:Accounts.Rec@BoxMaker.com)

### **Credit Specialist**

Dianna Jorgensen  
(503) 206-3875  
(425) 264-1880  
[DiannaJ@BoxMaker.com](mailto:DiannaJ@BoxMaker.com)

### **Controller**

Diana Combs  
(425) 291-1224  
[DianaC@BoxMaker.com](mailto:DianaC@BoxMaker.com)