



DEPENDABLE • VALUE

3342 N.W. 26<sup>th</sup> Avenue, Suite A  
Portland, Oregon 97210

[www.4boxes.com](http://www.4boxes.com)

Branch Offices: Eugene, Seattle & Hayden Lake

(503) 295-3000  
(877) 408-3606

[subotnick@4boxes.com](mailto:subotnick@4boxes.com)

## Sales Agreement & Credit Application

In consideration of Seller, Subotnick Packaging, selling goods and/or services to the Buyer executing the Application annexed hereto and this Sales Agreement, Buyer agrees to the following terms and conditions regarding all purchases made hereafter:

1. All purchases shall be paid within 30 days of the purchase date, unless otherwise stated on invoice. In event that full payment of an invoice is not received within terms, Seller reserves the right to impose, and Buyer agrees to pay a late payment penalty on the past due amounts at the rate of one and one-half percent per month (18% per annum).
2. Buyer agrees that this application and agreement may be suspended or limited by Seller regarding amounts and quantities of purchases without prior notice.
3. Buyer agrees to pay Seller's attorney's fees, court costs and expenses incurred by Seller if Buyer's account is referred for collection and enforcement to an attorney.
4. Buyer warrants that the information given is true and correct and acknowledges that credit will be extended to buyer pursuant to this agreement.
5. Any Dispute as to billings, charges or materials must be raised by the Buyer within twenty (20) days of billing or said dispute or problem shall be waived by the Buyer.

Applicant's signature attests joint and several financial responsibility, ability and willingness to pay our invoices in accordance with our terms of sale. This application must be signed.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Print Name

\_\_\_\_\_  
Customer Signature



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Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

Type of business: \_\_\_\_\_

Date established: \_\_\_\_\_

Corporation

Partnership

Sole proprietorship

**BANK REFERENCES**

Bank Name	Branch	Address	Acct Type & Number	Avg. Balance
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____

**TRADE REFERENCES**

Name	Address	Phone & Email
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**INFORMATION ON PRINCIPLES OF BUSINESS**

Name	Address	Title
1. _____	_____	_____
2. _____	_____	_____

I UNDERSTAND THAT THE INFORMATION FURNISHED YOU ON THIS PAGE IS FOR THE PURPOSE OF OBTAINING CREDIT FROM YOUR FIRM. I AM AUTHORIZED IN MY CAPACITY TO BIND MY FIRM ACCORDINGLY. ALL ACCOUNTS OR MONIES DUE YOU SHALL BE DUE AT YOUR PLACE OF BUSINESS AS STATED ON YOUR INVOICE(S). I AGREE TO PAY WITHIN THE TERMS OF SALE AS STATED ON YOUR INVOICE(S) WHICH ARE NET 30 DAYS - UNLESS OTHERWISE STATED. IF BUYER FAILS TO PAY ANY INVOICE(S) WHEN DUE, AND SELLER PLACES THAT INVOICE(S) WITH A AN ATTORNEY OR COLLECTION AGENCY FOR COLLECTION, THE BUYER AGREES TO PAY IN ADDITION TO THE FULL AMOUNT OF THE INVOICE(S) AND INTEREST, CHARGED AT 1-1/2% PER MONTH, ALL EXPENSES OF COLLECTION INCLUDING WITHOUT LIMITATION, ALL COSTS AND REASONABLE ATTORNEY FEES.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Print Name

\_\_\_\_\_  
Customer Signature