



Please print and Fax to: 423/698-5432

APPLICATION FOR CREDIT OUR TERMS: NET 30

APPLICANT

The following information must be provided. It will be held in the strictest confidence.

NAME OF FIRM OR INDIVIDUAL ADDRESS CITY STATE ZIP AREA CODE PHONE YEARS AT THIS ADDRESS

OWNERSHIP

Corporation Check here if incorporated within the past 12 months Partnership Individual 1. NAME(S) OF PRINCIPAL(S) COMPLETE ADDRESS ZIP PHONE 2. 3. 4.

BANKING

BANK BANK ADDRESS BANK OFFICER OR DEPARTMENT PHONE FAX

REFERENCES

1. BUSINESS NAME COMPLETE ADDRESS ZIP PHONE FAX 2. 3. 4.

Check here if exempt from sales tax and enclose certificate. If not provided, sales tax will be billed.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We authorize above named finance and trade references to release information to American Label Co.

Signed Title Date

VERIFICATION

Please do not write in the space below

REFERENCES CHECKED BY RESULTS CREDIT APPROVED CREDIT REFUSED