

LABEL SOURCE, LTD.
CUSTOMER PURCHASING AUTHORITY

BUSINESS INFORMATION:

Company Legal Name: _____

dba _____

Applicant is a/an: () Corporation () Individual () Partnership () Other _____

Street Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Number of years in business _____ Credit Level Desired _____

*If business has been operating for three years or less, we may require financial statements and/or personal guarantee.

List Names(s) of Owner(s) Partner(s) or Senior Corporate Officers with Title:

Are you Sales Tax Exempt? _____ if yes, # _____ (please furnish copy of Tax Exempt Certificate).

Type of Business: _____ Federal I.D.# _____

Authorized Purchaser(s):

Name: _____ Tele # _____ Email: _____

Name: _____ Tele # _____ Email: _____

Name: _____ Tele # _____ Email: _____

Are Purchase Orders Required? _____ (If so, we require a faxed copy or email of the Purchase Order).

Accounts Payable Contact: _____ Tele # _____ Email: _____

BANK REFERENCE: Business Account Name: _____

Bank: _____ Account # _____

Bank Officer: _____ Bank FAX No: _____

PREFERRED PAYMENT METHOD:

Do you prefer to pay by Credit Card? _____ If Yes, is Credit Card a _____ Corporate **OR** _____ Individual's Card

Name as it appears on the Credit Card _____

Credit Card # _____ Expiration Date _____

CVV Code (3 digits on back of card) _____ Billing Address, including zip _____

CREDIT REFERENCES:

Company: _____ Contact Name: _____

Street Address: _____ State _____ Zip _____

Telephone #: _____ **FAX #** _____

Company: _____ Contact Name: _____

Street Address: _____ State _____ Zip _____

Telephone #: _____ **FAX #** _____

Company: _____ Contact Name: _____

Street Address: _____ State _____ Zip _____

Telephone #: _____ **FAX #** _____

Please list any/all products that are of interest to you:

Signature _____ Title _____ Date _____

FAX COMPLETED FORM TO 972-255-0269