



Credit Application

Date: _____ Minimum Credit Applied For: \$ _____

General Information

Name of Company: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ e-mail: _____

Business Information

Type of organization: Proprietorship Partnership Corporation Other: _____

Principal's Name(s): _____

Home Address: _____

Social Security #: _____ Driver's License #: _____

Year Established: _____ State of Incorporation (if applicable): _____

Federal Tax ID: _____ State Resale Tax Certificate: _____

TRADE REFERENCES:(3 REQUIRED)

1. _____ 2. _____ 3. _____

TEL: _____ TEL: _____ TEL: _____

FAX: _____ FAX: _____ FAX: _____

BANK REFERENCES

NAME: _____ CONTACT: _____

STREET: _____ TEL#: _____ FAX: _____

CITY,STATE,ZIP: _____ ACT#: _____

SIGNATURE AUTHORIZING BANK

TO GIVE REFERENCE: _____

We hereby apply for credit with Creative Labels, Inc. and understand invoices are past due if not paid within 30 days of the date of said invoice and further understand that Creative Labels, Inc. may add a service charge of 1.5% per month (18% per annum) to all past due invoices and hereby agree to pay same if charged. I/We grant permission to Creative Labels, Inc. to contact the above references and to utilize credit reporting agencies now and periodically for purposes of credit evaluation. I/We also certify to the accurateness of the above information and my/our authority to provide said information and execute this application.

NAME PRINTED

SIGNATURE

TITLE

DATE

SALES TAX INFORMATION

() Please ADD State & Local Tax

() Please OMIT State & Local Tax per attached copy of RESALE CERTIFICATE

6670 Silacci Way, Gilroy, CA 95020 • TEL: 408-842-0376 • FAX: 408-842-7188 • www.creativelabels.com

Please return to pearl@creativelabels.com