



Dear Valued Customer,

Welcome to Label Art and thank you for giving us the opportunity to become your packaging supplier. We look forward to working with you and meeting all of your printing and service needs.

If you have not done so, please take the time to complete and return the following credit application. Please include your standard documents listing your suppliers and bank references with the application. **Be sure that the Customer Information section is filled out entirely and signed in the authorized signature line on the lower section of the form.** An incomplete form may result in the delay of processing your order and in an inconvenience to you.

The completed application, Owner Information, any standard reference documents, and the Sales Tax Exemption Certificate (if applicable) should be returned via fax to (920) 866-6485, via e-mail to [credit@labelart.com](mailto:credit@labelart.com) or by US mail to Label Art, 2571 S Hemlock Road, Green Bay, WI 54229.

If you have any questions, please do not hesitate to call me directly at (920) 866-6363. Thank you for your prompt cooperation. Again, we appreciate this opportunity and look forward to a very successful business partnership.

Sincerely,

*Brenda Bomber*

Brenda Bomber  
Corporate Credit Manager  
Label Art



Please return to [credit@labelart.com](mailto:credit@labelart.com) or Fax to 920-866-6485

In consideration of credit extended to the applicant, the applicant agrees to the following terms and conditions:

**TERMS:** Terms are Net 30 days from the date of the invoice unless otherwise noted on the invoice. A service charge of 1.5% monthly, 18% annually is charged on past due accounts.

**RETURN POLICY:** The applicant will be responsible for products not returned. Return of product must be preapproved.

**COLLECTION:** In the event any account is placed with a collection agency, attorney for collection or through other legal process, applicant agrees to pay actual collection or attorney's fees, including accrued service charges.

**CUSTOMER CONSENTS TO PERSONAL JURISDICTION AND VENUE IN BROWN COUNTY, WISCONSIN.**

### CREDIT APPLICATION

Failure to complete all items may result in delay and inconvenience

**Customer information (must be filled out completely)**

State & Year of Origin: \_\_\_\_\_

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

Federal Tax ID# \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Taxable? \_\_\_\_\_ If NO, please send Exemption Certificate

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

DUNS# \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Web Site Address: \_\_\_\_\_

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

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

A/P Phone No.: \_\_\_\_\_

Fax: \_\_\_\_\_

A/P Email: \_\_\_\_\_

**Ownership Information**

Type of Business:  Sole Proprietorship  Partnership  Corporation  LLC and Other

Please provide (on a separate attachment) the names, titles, residential addresses, and SSN's of all officers or owners.

**Requested Credit Line**

Less than \$5,000

\$5,000-\$10,000

Need Signed Application

\$10,000-\$25,000

Need Signed Application  
& Supporting References

Greater than \$25,000

Need Signed Application  
& Supporting References

**Bank Reference (may attach separate document)**

Bank Name: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_

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

The applicant hereby authorizes the bank to release to Label Art all information requested. All information will be kept confidential. The applicant hereby certifies that all statements and representations on the application are true and correct and that he/she has read, understands and agrees to the terms and conditions stated above and on the Label Art website at [www.labelart.com](http://www.labelart.com)

Authorized Signature: \_\_\_\_\_

Title and Date: \_\_\_\_\_

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**Supplier Reference (may attach separate document)**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
Contact: \_\_\_\_\_  
\_\_\_\_\_  
Contact Email: \_\_\_\_\_

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**Supplier Reference**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
Contact: \_\_\_\_\_  
\_\_\_\_\_  
Contact Email: \_\_\_\_\_

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**Supplier Reference**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
Contact: \_\_\_\_\_  
\_\_\_\_\_  
Contact Email: \_\_\_\_\_

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**Supplier Reference**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
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\_\_\_\_\_  
Contact: \_\_\_\_\_  
\_\_\_\_\_  
Contact Email: \_\_\_\_\_

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**Supplier Reference**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
Contact: \_\_\_\_\_  
\_\_\_\_\_  
Contact Email: \_\_\_\_\_



## SALES TAX EXEMPTION CERTIFICATE

STATE	REGISTRATION #	STATE	REGISTRATION #
ARIZONA		NEVADA	
CALIFORNIA		OHIO	
GEORGIA		PENNSYLVANIA	
ILLINOIS		GCI H< '85?CH5	
MICHIGAN	.....	TEXAS	
MINNESOTA	.....	K =G7CBG=B	

**DROP SHIPMENTS** ~ If we drop ship orders to a 3<sup>rd</sup> party on your behalf to one of the States listed above, please provide your home state (bill to state) sales tax registration information below to support your organizations non-taxable drop shipment purchases. **Two Exceptions:** 1) IL requires our customer to fill out a separate blanket sales tax exemption certificate form stating they have no taxable presence. We can provide this IL form if it applies. 2) CA requires we obtain this certificate with your home state information AND a California exemption certificate from your customer or co-packer.

HOME STATE	REGISTRATION #

I hereby claim that the use of the tangible personal property purchased, our activity as the purchaser, or both qualifies for exemption as indicated:  Resale  Government  Charitable  Direct Pay  Manufacturing/Production  Other \_\_\_\_\_

Legal Company Name
Doing Business As

Address
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City, State & Zip
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Phone#	Fax#
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Printed Name	Title
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**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fax this completed form to (920) 751-5799. If you have any questions please call JoAnn Baumann at (920) 866-6383.