



1 Riverside Way, Wilton, NH 03086 • 800-258-1050 • Fax. 800-733-7800

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.

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.

Authorized Signature: _____

Title and Date: _____



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Supplier Reference (may attach separate document)

Business Name: _____ Phone: _____
Address: _____ Fax: _____

Contact: _____

Contact Email: _____

Supplier Reference

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Address: _____ Fax: _____

Contact: _____

Contact Email: _____

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