FIRST TAPE & LABEL

APPLICATION FOR CREDIT

FIRM NAME: PHONE# ( )

FAX# ( )

OWNERSHIP: CORPORATION PARTNERSHIP PROPRIETORSHIP OTHER

DESCRIPTION OF BUSINESS

ADDRESS

CITY STATE ZIP

CONTACT NAME

AT PRESENT LOCATION (DATE) YEAR ESTABLISHED

REFERENCES: (GIVE ONLY NAMES OF THOSE YOU BUY ON OPEN ACCOUNT)
(PLEASE PROVIDE COMPLETE PHONE NUMBERS AND ADDRESSES)

BANK NAME ACCOUNT#

ADDRESS CITY STATE ZIP

PHONE # CONTACT

TRADE REFERENCES:

NAME: PHONE # ( ) FAX # ( )

ADDRESS: CITY STATE ZIP

NAME: PHONE # ( ) FAX # ( )

ADDRESS: CITY STATE ZIP

NAME: PHONE # ( ) FAX # ( )

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ADDRESS: CITY STATE ZIP

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