

Credit Application

First Tape & Label

PO Box 1365
Texarkana, AR 75504
Phone (870) 772-7931
Fax (870) 772-5509

In order to extend credit to you company, we request that you complete the following information.
This information is confidential and used solely for establishing an account for your company.

Date: _____

Company Name: _____

Mailing Address: _____

Shipping Address: _____

City, State and Zip: _____

Phone # _____

Fax # _____

Resale # _____

Tax ID # _____

Bank Name: _____

Mailing Address: _____

City and Zip: _____

Phone # _____

Fax# _____

Account # _____

Purchasing Name: _____

Accounts Payable Name: _____

Bank Contact: _____

Trade References

Company Name: _____

Address: _____

City and Zip: _____

Phone # _____

Fax # _____

Company Name: _____

Address: _____

City and Zip: _____

Phone # _____

Fax # _____

Company Name: _____

Address: _____

City and Zip: _____

Phone # _____

Fax # _____

Company Name: _____

Address: _____

City and Zip: _____

Phone # _____

Fax # _____

Company Name: _____

Address: _____

City and Zip: _____

Phone # _____

Fax # _____

Company Name: _____

Address: _____

City and Zip: _____

Phone # _____

Fax # _____

We certify that all the information provided is correct. We fully understand the initial credit term of net 30 days, and agree to the proper payment in consideration of extended credit.