

**NEW ACCOUNT
CREDIT APPLICATION**

Please complete Form and fax or email to:

Accounting Fax (510) 876-0016
Accounting@customlabel.com



3392 Investment Blvd
Hayward, CA 94545
Phone (510) 876-0000

COMPANY INFORMATION:

Firm Name: _____ Main Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

A/P Contact Name: _____ A/P Contact Direct Phone: _____

A/P Contact Email: _____ Fax #: _____

Type: Proprietorship Partnership Corporation Division / Wholly owned subsidiary of: _____

Tax I.D. (Required: Bus. Lic. #, City, County): _____

Names, Titles, and Addresses of Principals or Officers:

BANKING REFERENCE

Bank Name: _____ Branch: _____ Acct #: _____

Street Address: _____ City, State, Zip: _____

Contact Name and Title: _____ Phone Number: _____

MAJOR SUPPLIERS Please only list references with established credit terms. References with credit card terms will not be accepted.

Company Name: 1. _____ 2. _____ 3. _____

Street Address: _____

City, State, Zip: _____

Contact Name: _____

Fax Number: _____

Email Address: _____

I hereby affirm that the foregoing information is true and correct, and made for the purpose of obtaining credit. I authorize you to obtain all personal and business financial information of any kind or nature from any source(s) and each source is hereby authorized to provide you with such information. As an authorized signer with our Banking partners, I authorize them to release information that will assist in your credit decision. Seller may, at any time, without notice, cancel all credit available to Buyer and refuse to make any further credit advances.

SIGNATURE of Authorized Representative

TITLE

DATE SIGNED

PRINTED NAME