

**NEW ACCOUNT  
CREDIT APPLICATION**

*Please complete Form and fax or email to:*

Accounting Fax (510) 876-0016  
[Accounting@customlabel.com](mailto:Accounting@customlabel.com)



7800 Patterson Pass Road, Livermore, CA 94550  
510.876.0000 • [www.customlabel.com](http://www.customlabel.com)

**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. (SS#, ITIN, or EIN): \_\_\_\_\_

Principals or Officers:

Name	Title	Address
_____	_____	_____
_____	_____	_____

**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