PRECISION LABEL

Credit Application

Business Name _____

Address _____

City_____State_____Zip Code _____

Phone_____Fax_____E-mail _____

Accounting Contact_____E-mail _____

Purchasing Contact_____E-mail _____

Graphics Contact_____E-mail _____

Business Type or Product Manufactured _____

Will any purchase from Precision Label be for Resale? Yes No **If yes, please attach resale card**

Year Established_____ Corporation Partnership Sole Proprietorship

Names of Business Principals:

Name of Owner / President of Company _____

Home Address_____ Home Phone_____

Secondary Contact/ Partner/ Other Corp. Officer _____

Home Address_____ Home Phone _____

Local Trade References & Bank References (or attach additional information)

Firm Name _____ Phone_____
Contact _____ Fax _____

Firm Name _____ Phone_____
Contact _____ Fax _____

Firm Name _____ Phone_____
Contact _____ Fax _____

Bank_____Phone_____Acct. # _____

As a representative of the above company, the undersigned applies for open credit at Precision Label and authorizes Precision Label to obtain information from the trade and bank references listed above for the purpose of approving this application. I/we acknowledge that our account terms with Precision Label are NET 30 days from the invoice date; past due invoices are subject to 1-1/2% per month fee. Precision Label standard Terms & Conditions are applicable to all orders, unless otherwise agreed to in writing. In the event this company defaults on payment I/we agree to be personally responsible for payment of the account balance and to pay reasonable court costs and attorney fees, if it becomes necessary to file suit to collect on the account. Please note that first orders are COD, unless otherwise approved.

Authorized By:

_____
Signature Date:

_____
Printed Name

659 Benet Road ● Oceanside CA 92058 ● (760) 757-7533