

## **NEW ACCOUNT FORM**

(please print clearly)

#### **COMPANY INFORMATION**

Company Name						
Type of Business	Corp	Partnership		Individual Owner		
Address						
Phone No.			City	State	Zip	
Contact Name			Email			
AP Contact			Email			
AP Phone No.						
Email for Invoices & St	atements to be se	ent				
Parent / Sister Co.		Dun & Bradstreet #				
Years in Business		Estimated Annual Sales				
How did you hear about Inovar:						
Company History a	nd Nature of	Operations:				
Provide a brief description of the Company's history, operations, and product needs:						

#### **BANK REFERENCE**

Please complete enclosed Bank Credit Reference Authorization Forms.

### **TRADE REFERENCES**

Please complete enclosed Trade Reference Verification Authorization Forms. \*\*\* There needs to be a minimum of 3 references \*\*\*

#### **TAX STATUS**

If you are exempt from paying sales tax in the State of California, please attach a copy of your Tax Exemption Certificate or Resale Certificate.						
A Sales & Use Tax	Permit is not a substitute for a completed exe	emption certificate.				
Tax Status	Tax Exempt (Read stmt above)	Non-Tax Exempt				



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## **CUSTOMER CONSENT**

I give approval to Precision Label to request information about our firm. If credit is not approved, I will be notified. If collection of this account becomes necessary, I/We agree to pay all costs of collection, including, but not limited to reasonable attorney's fees, collection agency fees and cost of suit incurred.

Signature	Date			
Title				
Please return v	via email to DGray@p-label.com			
INTERNAL OFFICE USE ONLY				
Dun & Bradstreet #:				
Brief Summary of D & B Report Results:				
Customer Terms / Limit Recommendation:TERMSCREDIT LIMIT				
Reasoning / Brief Explanation for Recommended	d Terms / Credit Limit:			
COMPLETED BY:	DATE:			
REVIEW & APPROVAL				
NEW ACCOUNT: APPROVE	D DENIED			
APPROVED TERMS:	APPROVED CREDIT LIMIT:			
COMMENTS:				
REVIEWED BY:	DATE:			
GM OR VP OF SALES				