

Credit Application and Agreement

(Confidential Information for Credit Verification)



Company Name: _____ Phone: _____

Billing Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Shipping Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Names of Principals of Firm _____

Check One:

- Corporation
 Partnership
 Sole Proprietor

Principal Officer: _____

Division Of: (_____) _____

Parent Company: _____

Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Type of Business: _____

Purchasing Agent Name: _____

Credit Line Desired: _____

Is the Merchandise for Resale: Yes or No

Do you use Purchase Orders? Yes or No

Resale #: _____ (must attach certificate)

We, the undersigned, hereby authorize the following credit references to disclose all details necessary to enable Specialty Tag & Label, Inc. to establish an open account.

Trade References:

1) **Name:** _____
Address: _____
(City) (State) (Zip)

Phone: _____
Fax: _____

2) **Name:** _____
Address: _____
(City) (State) (Zip)

Phone: _____
Fax: _____

3) **Name:** _____
Address: _____
(City) (State) (Zip)

Phone: _____
Fax: _____

This Credit Application and Agreement is submitted by Buyer to Specialty Tag & Label, Inc. to obtain trade credit. Buyer agrees to make payment in full or all amounts due according to Specialty Tag & Label, Inc. invoices.

Date: _____ **Buyer:** _____
(Authorized Signature) (Title)