



STANDARD CREDIT APPLICATION FOR TERMS

Business Type: Sole Proprietorship Partnership Corporation-State _____

Number of Years in Business _____ D and B Number _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Requested Credit Line \$ _____ Anticipated Monthly Purchases \$ _____ Tax ID # _____

Name and Address of Individuals or Partners or Name/Title/Phone Numbers of Corporate Officers:

1. _____
2. _____

PERSON(S) TO CONTACT REGARDING PURCHASE ORDERS AND INVOICE PAYMENTS

Name	Title	Address	Phone No.

BANK REFERENCES

Bank Name/Account Number	Contact/Title	Phone No./Fax No.
1. _____		
2. _____		

TRADE REFERENCES

Company Name and Contact/Title	Address	Phone Number/ Fax Number
1. _____		
2. _____		
3. _____		
4. _____		

The information on this application is accurate to the best of the applicant's knowledge, and authorizes Whitlam Label Company to verify information by use of credit reporting agencies and/or bank and trade references listed above. Applicant's signature attests financial responsibility, ability, and willingness to pay all invoices in accordance with Whitlam Label Company's published terms and conditions. Whitlam Label Company's standard terms are net 30 days from invoice date unless otherwise stated. Whitlam Label may suspend terms in the event of past due invoices.

Signature _____ Title _____ Date _____

Notes on Account: Approved
 Disapproved – Reason: _____

