



# New Customer Credit Application

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Own/Rent Building \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Owned Since \_\_\_\_\_

Ownership:  Sole Ownership  Partnership  Corporation Fed Tax ID# \_\_\_\_\_

Owner \_\_\_\_\_  
 Name Home Address Phone# Social Security #

Partners: (1) \_\_\_\_\_  
 Name Home Address Phone# Social Security #

(2) \_\_\_\_\_  
 Name Home Address Phone# Social Security #

Corporation: President \_\_\_\_\_ Treasurer \_\_\_\_\_  
 Vice President \_\_\_\_\_ Secretary \_\_\_\_\_

Bank \_\_\_\_\_ Checking   
 Name/Branch Phone Acct No. Savings

Account Rep. \_\_\_\_\_

Bank \_\_\_\_\_ Checking   
 Name/Branch Phone Acct No. Savings

Account Rep. \_\_\_\_\_

### Trade References (Please fill in or send back your std. reference sheet)

1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Terms \_\_\_\_\_ When Opened \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Terms \_\_\_\_\_ When Opened \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Terms \_\_\_\_\_ When Opened \_\_\_\_\_

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Past due invoices are subject to a late penalty of 1.5% per month. Applicant agrees to pay reasonable collection fees (including attorney fees) plus late penalties in case of default.

The Applicant further acknowledges careful reading, understanding and agreement to the Terms and Conditions of Sale which have been provided (Form #259) A facsimile application received will be considered an original copy, and the Terms & Conditions shall be assumed as having been read and accepted. The applicant hereby authorizes and instructs any person, company or credit reporting agency to compile and furnish any information concerning the applicant and/or the company.

Signed \_\_\_\_\_ Please Print Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

**RESALE CERTIFICATE**

Cust. # \_\_\_\_\_

Name of Purchaser: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that we hold valid seller's permit NO. \_\_\_\_\_

We are engaged in the business of selling \_\_\_\_\_

The following described tangible personal property: **LABELS, NAMEPLATES, PRINTED MATERIALS and RELATED PRINTING AIDS,**

Purchased from: **ADCRAFT PRODUCTS / COLORTECH LABEL**

will be used for the following purpose.

1.  To be incorporated as a material or part of other tangible personal property produced for sale by manufacturing, assembling, processing or refining.

3.  To be exported for use outside the continental limits of the U.S.

2.  To be resold as tangible personal property.

4.  Other \_\_\_\_\_

If the tangible personal property is used for any purpose other than stated above it is understood that we are required by the State, Sales and Use Tax Law, to report and pay the tax as measured by the purchase price.

Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

AP256 3/25/02

Attn: \_\_\_\_\_

Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Company \_\_\_\_\_

Please complete and forward to: \_\_\_\_\_

Fax number (714) 999-5577 any questions please call (714) 776-1230