



Your cooperation in providing the following confidential information will help us to establish a line of credit for you and enable us to process your future orders more quickly. Thank you!

**Firm Name:** \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_  
**Address:** \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Sales/Marketing Contact Name:** \_\_\_\_\_

**Ownership:** CORPORATION: \_\_\_\_\_ PROPRIETORSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

\*Please note that it is part of our Company's credit policy that one of the above spaces be checked. If your company operates under sole proprietorship or partnership, WE MUST HAVE THE ADDRESS OF THE PRINCIPAL OWNER(S).

**Federal Tax I.D. #:** \_\_\_\_\_ **State Sales Tax Certificate #:** \_\_\_\_\_

**Description of Business:** \_\_\_\_\_ **Anticipated Credit Needed: \$** \_\_\_\_\_

**How long at present location? (Date):** \_\_\_\_\_ **Year Established:** \_\_\_\_\_

**References:** Please provide complete addresses and phone numbers.

**Bank Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (     ) \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Trade References:** (Must be business related with open account). Please provide complete address, phone and fax numbers.

Name	Address	Phone	Fax
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Principals Of Firm:**

Name	Address	Position	Phone
_____	_____	_____	_____

Principal's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

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NOTICE: The following is provided for your information in the event that your credit is approved. Please read the credit plan, and do not sign this agreement before you do.

1. This is a 30 day account.
2. Undersigned agrees to pay each invoice within 30 days.
3. Undersigned agrees to pay a 1.5% per month (18% per annum) or \$15.00 minimum service charge on any invoice 31 days or older.
4. Undersigned agrees to pay attorney's fees in the event that collection efforts become necessary.
5. By placing an order with Advanced Labels NW, you agree to the terms and conditions outlined on our web site.
6. In consideration of the sale of merchandise to Purchaser, each of the persons whose signatures appear below personally guarantee payment in full on the account. This guarantee is continuing and irrevocable while there is any unpaid balance due on the account.
7. ALNW's liability is limited to the invoice amount. Charge backs will not be honored.

Signature of Authorized Company Representative \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Position \_\_\_\_\_