

# APPLICATION FOR CREDIT TO ABBOTT LABEL, INC.

Date: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_

Company Name: \_\_\_\_\_  Proprietorship  Partnership  Corporation

Trade Name (if Different): \_\_\_\_\_

Type of Business:  Forms Mfg.  Printing Distr.  Equip. Distr.  Label Mfg.  Quick Print  Other

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

City, State, Zip Code: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

If Answering Machine, or Answering Service, Alternate Phone Number: \_\_\_\_\_

Length of time doing business: Under Present Name \_\_\_\_\_ At Present Address \_\_\_\_\_

## PRINCIPALS: (Owners-Partners-Officers)

1. \_\_\_\_\_  
(NAME) (TITLE)  
\_\_\_\_\_  
(HOME ADDRESS) (PHONE NUMBER)
2. \_\_\_\_\_  
(NAME) (TITLE)  
\_\_\_\_\_  
(HOME ADDRESS) (PHONE NUMBER)
3. \_\_\_\_\_  
(NAME) (TITLE)  
\_\_\_\_\_  
(HOME ADDRESS) (PHONE NUMBER)

## BANK REFERENCES:

1. \_\_\_\_\_  
(NAME AND ADDRESS) (COMPLETE MAILING ADDRESS PLEASE)  
\_\_\_\_\_  
(FAX NUMBER) (PHONE NUMBER) (ACCOUNT NUMBER)
2. \_\_\_\_\_  
(NAME AND ADDRESS) (COMPLETE MAILING ADDRESS PLEASE)  
\_\_\_\_\_  
(FAX NUMBER) (PHONE NUMBER) (ACCOUNT NUMBER)

PLEASE RETURN TO: 10865 Sanden Dr., Dallas, TX 75238 or Fax to (469) 330-0210

