

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 _____

Billing Address (If different than business address): _____

City, State, Zip Code: _____

Accounts Payable Contact _____ Email: _____

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: PO Box 551627, Dallas, TX 75355-1627 or Fax to (214) 355-4424

CREDIT REFERENCES: Include Complete Mailing Address, Please

1. _____
(Name) (ADDRESS)

(FAX NUMBER) (PHONE NUMBER) (HOW LONG)
2. _____
(Name) (ADDRESS)

(FAX NUMBER) (PHONE NUMBER) (HOW LONG)
3. _____
(Name) (ADDRESS)

(FAX NUMBER) (PHONE NUMBER) (HOW LONG)

For the consideration of the extension of credit to the above firm, the undersigned promises to pay to the order of Abbott Label, Incorporated at their office in Dallas, Dallas County, Texas, all charges. Invoices are due and payable on or before 20 days from the date of the invoice. In the event said account becomes past due, the undersigned agrees that interest shall be added at the highest lawful rate per annum then allowable under State law from date until paid; and that in the event payment is not made on or before that due date, and the account is placed in the hands of an attorney for collection or suit or the same is collected through probate or bankruptcy proceedings, then an additional reasonable amount shall be added to the same attorney's fees.

Please accept this as authorization for the above listed credit references to release information on our account to Abbott Label, Incorporated.

(Name of Applicant)

By: _____
(Signature)

(Name Typed or Printed)

Title: _____
(OWNER, PARTNER, OR OFFICER)

I, the undersigned, personally guarantee the prompt and unconditional payment of all charges in the above Account.

Date

Signature

ACCEPTED BY:
ABBOTT LABEL, INCORPORATED

By: _____