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12571 Oliver Ave S, Suite 700 Burnsville, MN 55337

LOCAL 952.996.0909 FAX 952.996.0202 WEB LabelProducts.com

APPLICATION FOR COMMERCIAL CREDIT

REC'D ACCT # TERMS CREDIT LIMIT \$ APPROVED BY WCP FIRST ORDER \$ OFFICE USE ONLY

COMPANY NAME DATE

ADDRESS

CITY STATE ZIP PHONE FAX

ACCOUNTS PAYABLE CONTACT PHONE#

TYPE OF BUSINESS ANNUAL SALES \$ YEARS IN BUSINESS

NUMBER OF EMPLOYEES ANNUAL LABEL PURCHASES \$ REQUESTED CREDIT \$

Corporation Partnership Sole Proprietorship Lease LLC / Private Public

OWNER/PARTNER/OFFICER (circle) PARTNER/OFFICER/LEASEE/MANAGER (circle) NAME TITLE ADDRESS CITY STATE, ZIP PHONE #

CREDIT REFERENCES

BANK NAME ADDRESS CITY STATE, ZIP CONTACT PHONE # CHECKING ACCOUNT # SAVINGS or LOAN #

TRADE REFERENCES

NAME ADDRESS CITY,STATE, ZIP PH # FAX # NAME ADDRESS CITY,STATE, ZIP PH # FAX #

To expedite the credit process on your new account, you may return the credit application by fax. However, we do require that you follow-up by mail with the original signed and dated application, plus any reference sheets that apply.

All credit accounts are required to pay net/30 days. Any account unpaid after 45 days will be considered past due. In addition, the customer agrees to pay all costs (including reasonable attorneys and collection fees) incurred in the collection of any unpaid amount.

CONFIRMATION: As an officer or principal of the company named above, I hereby warrant and represent that the information provided herein is accurate and correct, that I have authority to execute this document, and that the company agrees to the terms of sale set forth above. I also authorize release if necessary bank and credit information to your company.

X Signature of Officer Title Date The undersigned hereby personally guarantees payment of any obligation of the above applicant.

X Signature of Guarantor Printed Name of Guarantor Date

CREDIT WILL NOT BE PROCESSED IF APPLICATION IS NOT SIGNED