



Credit Application

2420 N. Nevada Street, Chandler, Arizona 85225 • Fax 480-968-5896 • Telephone 480-968-5686

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Web Address: _____

Telephone: _____ Fax: _____

Business Classification

Sole Proprietorship

Owner Name

Social Security Number

Partnership

Partner Name

Partner Name

Partner Name

Corporation

Type of Corporation

Date of Incorporation

Non-Profit

Non-Profit Designation

of Years in Business: _____ Federal Tax I.D. #: _____ State Tax I.D. #: _____

Banking Institution: _____

Address: _____ City: _____ ST: _____ Zip: _____

Account Number: _____

Telephone: _____ Contact: _____

Trade References

Company Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Telephone: _____ Fax: _____ Contact: _____

Company Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Telephone: _____ Fax: _____ Contact: _____

Company Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Telephone: _____ Fax: _____ Contact: _____

The undersigned, individually and as authorized agent for the Applicant, affirms that all information given herein is true, correct and complete. Applicant agrees that payment will be made in accordance with terms stated on each invoice, and agrees to pay late charges of 1 1/2% per month and to pay all costs including reasonable attorney fees, whether suit is brought or not, if collection procedures become necessary. Applicant also authorizes the release of bank account/credit information to TLC Label Company.

Signature of Agent for Applicant

Printed Name

Date