

# INTERNATIONAL LABEL MFG., LLC

P.O. Box 418 • Terre Haute, IN 47808 • 812/235-5071 • 800/525-8469 • Fax 812/232-3402

## Credit Application

Company Name \_\_\_\_\_

Bill to: \_\_\_\_\_ Ship To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Ownership (Check one) Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole \_\_\_\_\_ Other \_\_\_\_\_

Business Description \_\_\_\_\_

How Long in Business \_\_\_\_\_ How Long at Present Address \_\_\_\_\_

Amount of Credit Requested \_\_\_\_\_ Are You Listed with Dun & Bradstreet \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Accts Payable Contact \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### COMMERCIAL REFERENCES

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

### BANK REFERENCES

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Acct. No. \_\_\_\_\_

Officers Name \_\_\_\_\_

Have you ever declared bankruptcy \_\_\_\_\_

Explanation \_\_\_\_\_

We make the foregoing confidential application for credit in writing intending that you should rely upon it for the purpose of our obtaining merchandise from you on account and that our financial condition is satisfactory. We understand terms are Net 30 Days from date of invoice and that no shipment is made on delinquent accounts. We agree to pay any collection costs incurred to collect the amount balance including reasonable attorney's fees.

I hereby authorize the release of any credit information by listed reference.

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

## CERTIFICATE OF RESALE

To International Label Mfg., LLC

The undersigned hereby certifies that all tangible personal property hereafter purchased by him/her is for purposes of resale, and assumes liability for payment of Retailers' Occupation Tax, Service Occupation Tax or Use Tax with respect to receipts from the resale of this property to users or consumers.

This certificate shall be considered a part of each order which we shall give, unless such order otherwise specifies.

Purchaser's Name \_\_\_\_\_ Date \_\_\_\_\_

Address of Purchaser \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Purchaser (or Authorized Agent) \_\_\_\_\_

Certificate of Registration  
Number of Vendor

Certificate of Registration  
Number of Purchaser

