

# Net 30 Credit Application for Business

2001 E. Lake Mary Blvd.

Sanford, FL 32773

Toll-Free: (800) 475-2235

Email: AR@consolidatedlabel.com

## Contact Information

(Please complete all fields in this section.)

Company Name :	
Is there a DBA (doing business as) you are operating under? If so, what name?	
Contact Name :	Shipping Address :
Phone Number :	
Email Address :	

## Accounts Payable / Accounting Information

(Please complete all fields in this section.)

A/P Contact Name :	Billing Address :
A/P Phone Number :	
A/P Fax Number :	
A/P Email Address :	

## Additional Company Information

(Please complete all fields in this section.)

Type of Business :	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Website Address :			
Years in Business :	Dun & Bradstreet Number :		
President / Owner :	Initial Order Value (in dollars) :		
# of Employees :	Est. Monthly Label Spend (in dollars) :		
Annual Company Revenue :	Credit Line Requested (in dollars) :		

## Credit / Trade References

(Please complete all fields in this section.)

Company Name :	Phone Number :
Email Address :	Fax Number :
Address :	Current Credit Limit :
Company Name :	Phone Number :
Email Address :	Fax Number :
Address :	Current Credit Limit :
Company Name :	Phone Number :
Email Address :	Fax Number :
Address :	Current Credit Limit :

Everything stated above is correct and complete. Consolidated Label, LLC is authorized to investigate the information stated above including but not limited to the bank and trade references to verify the financial condition of the applicant company. All costs of collection will be debtor's responsibility, including a reasonable attorney's fee, should collection through an attorney be necessary. I am duly authorized to execute this application on behalf of the applicant.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Title: \_\_\_\_\_