



Consolidated Label Co. 2001 East Lake Mary Blvd., Sanford, FL 32773
407-339-2626 1-800-475-2235 Fax 407-339-0149
Visit us at www.consolidatedlabel.com

NEW ACCOUNT APPLICATION

Company's Legal Name: _____

Is there a d/b/a you are operating under? If so, what name _____

Dun & Bradstreet # _____

You may also submit four trade references with this application

Bill to: ___ Parent ___ Subsidiary - A Letter of Financial Responsibility may be required from Parent company.

Parent Company Name: (if applicable) _____

Parent Company Dun & Bradstreet # _____

Please include Street, City, State and Zip code

Bill to Address: _____, _____, _____, _____

Ship to Address: _____, _____, _____, _____

Business phone # _____ Fax # _____

Years in business _____ Type of business _____

Initial order \$ _____ Estimated yearly order volume \$ _____

Consolidated Label Customer Service Representative: _____

IF TAX EXEMPT PLEASE INCLUDE A COPY OF YOUR RESALE CERTIFICATE ___ certificate attached for State of ___

Pres./Owner _____ Phone# _____

Email Address _____

Accounts Payable _____ Phone # _____ EXT. _____

A/P Email address _____

Please complete this section if paying by credit card:

___ AMEX ___ VISA ___ MASTERCARD ___ DISCOVER

Card # _____ Expiration _____

Name on Card: _____

CC Billing Address: _____

All cost of collection will be debtor's responsibility, including a reasonable attorney's fee, should collection through an attorney be necessary. Signature, Title and Date: _____