



PO Box 331, 740 Case Karsten Drive, Zeeland, MI 49464 • Fax 616.772.6270

### Credit Information

DUNS# (Dun & Bradstreet) \_ \_ - \_ \_ - \_ \_ \_ \_ \_

Date Business Started \_\_\_\_\_

<b>1. Name</b> _____	<b>2. Bank Name</b> _____
Address _____	Account # _____
_____	Bank Phone# _____
City _____	Bank Fax# _____
State _____ Zip Code _____	Estimated Annual Label Usage Quantity _____
Phone # _____	<b>Requested Credit Limit \$</b> _____
Fax # _____	

### 3. Type of Business

Corporation-Federal Tax ID # \_\_\_\_\_

Partnership,  Individual (Self Employed)-SSN # \_\_\_\_\_

Other \_\_\_\_\_ Comments \_\_\_\_\_

Manufacturer,  Wholesaler,  Distributor,  Retailer,  Chain Store \_\_\_\_\_ or  Other \_\_\_\_\_

**4. Sales Tax** - Do you have an Exemption Certificate  Yes - Please fax it to us  No

### 5. References: (Please Do Not Use C.O.D. Suppliers as References)

1. Name of Supplier _____	3. Name of Supplier _____
Address _____	Address _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Phone # _____	Phone # _____
Fax # _____	Fax # _____
Account # _____	Account # _____
2. Name of Supplier _____	4. Name of Supplier _____
Address _____	Address _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Phone # _____	Phone # _____
Fax # _____	Fax # _____
Account # _____	Account # _____

### 6. Financial Reports or Personal Guarantee Information

Do you have an Audited Financial Report that you can provide us a copy of (if requested)?  Yes  No

If asked to sign a Personal Guarantee Form could you provide us with that?  Yes  No

Comments: \_\_\_\_\_

**7. Contacts** Purchasing Contact \_\_\_\_\_ Phone # \_\_\_\_\_ ext \_\_\_\_\_

Accounts Payable \_\_\_\_\_ Phone # \_\_\_\_\_ ext \_\_\_\_\_

Comments \_\_\_\_\_

STANDARD TERMS: NET 30 DAYS (Based on Credit Information Check) FREIGHT F.O.B. SHIPPING POINT  
Person That Filled Out Credit Application (please print name)

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_