



4720 Emerald Way, Middletown, OH 45044  
ph: 513.217.5662 Fax: 513.217.5663

## CONFIDENTIAL CREDIT APPLICATION

WE ARE PLEASED TO CONSIDER YOUR APPLICATION FOR CREDIT. PLEASE FURNISH THE FOLLOWING INFORMATION TO HELP US ESTABLISH A CREDIT LINE SUITABLE TO MEET YOUR REQUIREMENTS. PLEASE TYPE OR PRINT NEATLY AND ANSWER ALL QUESTIONS COMPLETELY. ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL.

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

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Corporation \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other : \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Year Business Founded: \_\_\_\_\_

### NAMES OF PRINCIPLE OFFICERS, PARTNERS, OR OWNERS:

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

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

Accounts Payable Contact and Phone Number: \_\_\_\_\_

### BANK REFERENCE:

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct.#: \_\_\_\_\_

### TRADE REFERENCES:

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

CONTINUED ON REVERSE SIDE

**TRADE REFERENCES (cont'd):**

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

**PLEASE ATTACH SALES TAX EXEMPTION CERTIFICATE:**

We are required by law to charge sales tax unless we receive an exemption certificate.

**ALL INFORMATION PROVIDED TO INLINE LABEL CO., INC. WILL REMAIN CONFIDENTIAL FOR THE EXCLUSIVE USE OF INLINE'S CREDIT DEPARTMENT.**

**THE INFORMATION IN THIS APPLICATION AND IN ALL FINANCIAL STATEMENTS SUBMITTED IN CONNECTION HERewith IS FOR THE SOLE PURPOSE OF OBTAINING CREDIT AND IS REPRESENTED BY THE APPLICANT TO BE TRUE AND COMPLETE. THE APPLICANT AUTHORIZES INLINE LABEL CO., INC. TO INVESTIGATE ALL CREDIT REFERENCES AND ANY OTHER MATTERS PERTAINING TO ITS FINANCIAL RESPONSIBILITY FOR THE PURPOSE OF CREDIT EVALUATION.**

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

**INTERNAL OFFICE USE ONLY!**

Reference Received: \_\_\_\_\_ Notes: \_\_\_\_\_

Tax Exempt Certificate: \_\_\_\_\_

D & B Report: \_\_\_\_\_

Terms Granted: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

Commissions: \_\_\_\_\_



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