

**CREDIT APPLICATION**

Company Name \_\_\_\_\_ DUNS # \_\_\_\_\_

Accounts Payable Address \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Does Your Business Require A Purchase Order Number For All Purchases? (Yes/ No) \_\_\_\_\_

Purchase Order Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

How long in business? \_\_\_\_\_ Proprietorship? \_\_\_\_\_ Partnership? \_\_\_\_\_ Corp? \_\_\_\_\_

If Incorporated, State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Has your company ever done business under a different company name? \_\_\_\_\_

If Yes, What Name? \_\_\_\_\_ When? \_\_\_\_\_

Are you requesting exemption from Texas Sales Tax?  Yes  No  
If "Yes" You must attach a Texas Sales Tax Resale Certificate.

Are you requesting payment terms?  Yes  No If "Yes" \_\_\_\_\_

Please attach complete names, addresses, and phone and fax numbers of your banking references and four trade references.

Please attach a list with the names and addresses of Owners, Partners, or Corporate Officers.

Please attach your latest Profit and Loss Statement, and Balance Sheet.

I hereby authorize Network Label Inc. to obtain credit information about my company and agree to the payment terms stated on the invoices that are presented.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner, Partner, Corporate Officer, or Manager

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