

Customer Information & Credit Worksheet

Company Name _____	Date _____
Main Contact _____	Parent Company Name _____
Address _____	Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Phone _____ Fax _____	Salesperson _____
Email _____	CSR _____

Type of Business _____ Years at Current Location _____

Incorporated? _____ Yes _____ No _____ If Yes, Year Incorporated _____

Annual Sales Volume _____

Bank Reference _____ Phone _____ Fax _____

Seller's Permit No./Resale Certificate No. (fill out form) _____

Trade References (List Three)

1) _____

Name	Address	Phone	Fax	Contact
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2) _____

Name	Address	Phone	Fax	Contact
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3) _____

Name	Address	Phone	Fax	Contact
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AUTHORIZATION

I HEREBY AUTHORIZE THE BANK AND THE SUPPLIER REFERENCES LISTED IN THIS CREDIT APPLICATION TO RELEASE TO THE CREDIT MANAGER ANY CREDIT INFORMATION CONCERNING MYSELF OR MY COMPANY WHICH MAY BE REQUIRED TO ESTABLISH MY TRADE CREDIT. A PHOTOCOPY OF THIS AUTHORIZATION SECTION MAY BE HONORED.

AUTHORIZED SIGNATURE ON BANK AND SUPPLIER ACCOUNT

PRINT NAME

Verification of Bank

When Account Opened _____ Average Balance _____

Verification of Trade References:

	#1	#2	#3
Payment Record			
Highest Recent Credit			
Present Balance			
# of Years Done Business			
Terms			
Amount Past Due			

Credit Approved _____

Credit Denied _____

Credit Limit _____

Approved By _____

Signature _____

Date _____



Submit Completed Form to accounting@southlandlabel.com