Customer Information & Credit Worksheet

Company Name		Date		
Main Contact		Parent Company Name		
Address				
City St	Zip	City		. StZip
Phone Fax			son	·
Email		-		
Type of Business		Years a	at Current Loca	ntion
Incorporated?	Yes No _	If Yes,	, Year Incorpora	ated
Annual Sales Volume		_		
Bank Reference		Phone		Fax
Seller's Permit No./Resale C	Certificate No. (fill o	ut form)		
Trade References (List Thre	ee)			
1)				
Name	Address	Phone	Fax	Contact
2)				
Name	Address	Phone	Fax	Contact
3)				
Name	Address	Phone	Fax	Contact
	For Interna	l Best Label Us	se Only	
Verification of Bank When Account Opened		Averac	ge Balance	
Verification of Trade Refere	ences: #1		#2	#3
Payment Record Highest Recent Credit Present Balance # of Years Done Business Terms Amount Past Due				
Credit Approved Credit Denied Credit Limit		JIMON	Un	00 Faber Street ion City, CA 94587
Approved BySignature		L	INC. F 5	0-489-5400 510-489-2914 vw.bestlabel.com