

# Application for Credit

The following information must be completed before we can process this application. You are welcome to submit your own credit application, but you must fill out the bottom portion of this application.

**Request for line of credit not to exceed \$** \_\_\_\_\_.

**BANK:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_  
**ACCT #:** \_\_\_\_\_ **UNDER NAME OF:** \_\_\_\_\_

**Two major trade references established for minimum of 2 years:**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY & ZIP:** \_\_\_\_\_ **ACCT #:** \_\_\_\_\_  
**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY & ZIP:** \_\_\_\_\_ **ACCT #:** \_\_\_\_\_  
**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**We understand and will comply with the following terms and conditions:**

The extension of credit on an open account basis is based upon the purchaser's assurance of prompt payment according to the terms stated on the invoice. In the event that payment is not made as stated on the invoice, all accounts shall have added to their balance the sum of 1.5% on the outstanding balance of the account for each 30 day period that the delinquency continues. Upon failure of the customer to pay according to the credit terms of the invoice, the company shall take such steps as it deems necessary with regard to future deliveries including placing said deliveries on COD or Cash In Advance basis. In the event that suit or action is brought to collect the outstanding balance of any customers account, the customer agrees to pay Rose City Label Co. such reasonable attorney's fees and cost as the court at trial or an appeal shall allow.

\*\*\*Completed orders ready to ship prior to credit approval or credit denial will ship COD \*\*\*

**The signature below is authorizing this company to verify bank info & credit status.**

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

Officer's signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

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



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