

Labels Xpress Credit Application

Firm Name: _____ Telephone () _____ - _____

Parent Corporation of AKA (Also Known As): _____ Fax () _____ - _____

Purchasing Contact: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Type of Business: Proprietorship ___ Partnership ___ Corporation ___

Accounts Payable Contact: _____ Telephone () _____ - _____

Date Business Started: _____ Sales Terms: _____ Facilities Owned or Leased? _____

CORPORATE OFFICERS:

Name: _____ Name: _____

Title: _____ Title: _____

BANKING INFORMATION:

Company Name: _____ Telephone () _____ - _____

Address: _____ Fax () _____ - _____

City, State, Zip: _____

Contact: _____

TRADE REFERENCES

Companies with whom credit has been established; three required

Company Name: _____ Telephone () _____ - _____

Company Name: _____ Telephone () _____ - _____

Company Name: _____ Telephone () _____ - _____

We expect our monthly credit requirements from you to be approximately: \$ _____

In consideration of the extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due Labels Xpress (LX) for delivery of LX products. If LX must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate.

By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest charges at the maximum allowable legal rate. Signature also authorizes the release of credit information concerning our company that LX may reasonably require.

I certify that the information on this application is correct:

Date: _____

Name: _____

Title: _____

(signature)

Fax completed form to (716) 875-9799 or 1-800-367-7336