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	ee required
Company Name:	Telephone ()
Company Name:	Telephone ()
Company Name:	Telephone ()
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We expect our monthly credit requirements from you to	be approximately: \$
In consideration of the extension of credit and establish liability for payment of amounts due Labels Xpress(LX) to collect any balance owing, applicant agrees to pay a tion including, but not limited to, reasonable attorney's f maximum legal rate. By signing this agreement, applicant acknowledges pay invoice. All past due invoices are subject to interest cha ture also authorizes the release of credit information co require.	for delivery of LX products. If LX must take action Il reasonable costs and expenses incurred in collec- ees, court costs, and interest thereon at the then yment will be made according to quoted terms on arges at the maximum allowable legal rate. Signa-
I certify that the information on this application is correc	:t:
Date:	
Name:	
Title:	
	(signature)

Fax completed form to (716) 898-8763 or email to CS@labelsxpress.com