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Commercial Account Credit Application

FIRM LEGAL NAME
TRADE NAME
STREET ADDRESS
CITY STATE
ZIP PHONE

PLEASE CHECK ONE
CORPORATION
PARTNERSHIP
INDIVIDUAL PROPRIETOR

OFFICERS OR OWNERS

NAME TITLE
NAME TITLE
NAME TITLE

PERSON TO CONTACT REGARDING FINANCIAL MATTERS

NAME TITLE
SALES TAX EXEMPT NUMBER PLS. PROVIDE COPY OF EXEMPTION CERTIFICATE
DATE BUSINESS STARTED
INCORPORATED IN STATE OF

TRADE REFERENCES (LIST AT LEAST 4. PLEASE NO CREDIT CARD REFERENCES.)

COMPANY NAME TELEPHONE NUMBER FAX NUMBER

BANK NAME BANK OFFICER TO CONTACT ADDRESS

WE HEREBY APPLY FOR CREDIT AND AFFIRM FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH CREDITOR'S PUBLISHED TERMS. WE WARRANT THE INFORMATION SHOWN ABOVE ON THIS APPLICATION TO BE TRUE. WE AUTHORIZE THE PERSON TO WHOM THIS APPLICATION IS MADE TO OBTAIN INFORMATION FROM ANY OTHER PARTIES PERTAINING TO CREDIT AND FINANCIAL RESPONSIBILITY.

DATE SIGNATURE
FIRM TITLE

A FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON ALL INVOICES OVER 30 DAYS. ANY PAST DUE ACCOUNTS WHICH ARE REFERRED TO AN ATTORNEY OR COLLECTION SERVICE WILL BECOME CUSTOMER'S RESPONSIBILITY FOR ALL REASONABLE COLLECTION COSTS INCURRED.