

SOUTHERN LABEL COMPANY

5624 CLIFFORD CIRCLE • BIRMINGHAM, ALABAMA 35210-4453 • (205) 836-8080 • FAX (205) 833-5598

CREDIT APPLICATION Page 1

*** All Information MUST Be Filled Out Completely
Or Your Credit Request May Be Delayed ***

DATE _____

CUSTOMER'S COMPANY NAME: _____

ADDRESS (No P.O. Box Please) _____

CITY _____ ST _____ ZIP _____

PARENT COMPANY NAME (IF APPLICABLE): _____

ADDRESS (No P.O. Box Please) _____

CITY _____ ST _____ ZIP _____

BILLING ADDRESS: _____

CITY _____ ST _____ ZIP _____

SHIPPING ADDRESS: _____

CITY _____ ST _____ ZIP _____

IN BUSINESS SINCE: _____

TYPE OF ENTITY _____

IF INCORPORATED: STATE OF INCORPORATION: _____ YEAR OF INCORPORATION: _____

TYPE OF BUSINESS: _____ DATE ESTABLISHED: _____

ESTIMATED MONTHLY PURCHASES: _____

BUYER'S NAME: _____

BUYER'S TELEPHONE NO.: _____ FAX NO.: _____

ACCOUNTS PAYABLE NAME _____

ACCOUNTS PAYABLE TELEPHONE NO.: _____ FAX NO.: _____

SHIPPING/CONTACT NAME: _____

SHIPPING/CONTACT TELEPHONE NO.: _____ FAX NO.: _____

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TRADE REFERENCES*

BANK PAYMENTS, UPS, TRUCK LINE PAYMENTS, UTILITIES & RENT DO NOT QUALIFY AS CREDIT REFERENCES

1. VENDOR _____ PHONE _____
CONTACT _____ FAX# _____
ADDRESS _____
CITY _____ ST _____ ZIP _____ ACCT # _____
2. VENDOR _____ PHONE _____
CONTACT _____ FAX# _____
ADDRESS _____
CITY _____ ST _____ ZIP _____ ACCT # _____
3. VENDOR _____ PHONE _____
CONTACT _____ FAX# _____
ADDRESS _____
CITY _____ ST _____ ZIP _____ ACCT # _____
4. VENDOR _____ PHONE _____
CONTACT _____ FAX# _____
ADDRESS _____
CITY _____ ST _____ ZIP _____ ACCT # _____
5. VENDOR _____ PHONE _____
CONTACT _____ FAX# _____
ADDRESS _____
CITY _____ ST _____ ZIP _____ ACCT # _____
6. VENDOR _____ PHONE _____
CONTACT _____ FAX# _____
ADDRESS _____
CITY _____ ST _____ ZIP _____ ACCT # _____

*IF INVOICES ARE PAID BY A PARENT COMPANY, INDICATE THIS AND LIST THE PARENT COMPANY'S TRADE REFERENCES.

BANK REFERENCE

BANK _____ PHONE _____
ADDRESS _____ FAX# _____
CITY _____ ST _____ ZIP _____ ACCT # _____
ACCT. REP. _____

FEDERAL TAX ID# _____
TAX EXEMPT # _____

TAX RATE _____
COMMENTS _____

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