

CREDIT APPLICATION

Company Name _____ DUNS # _____

Accounts Payable Address _____

Accounts Payable Contact _____

Phone Number _____ Ext. _____ Fax _____

Does Your Business Require A Purchase Order Number For All Purchases? (Yes/ No) _____

Purchase Order Contact _____

Phone Number _____ Ext. _____ Fax _____

How long in business? _____ Proprietorship? _____ Partnership? _____ Corp? _____

If Incorporated, State of Incorporation: _____ Date of Incorporation: _____

Has your company ever done business under a different company name? _____

If Yes, What Name? _____ When? _____

Are you requesting exemption from Texas Sales Tax? Yes No
If "Yes" You must attach a Texas Sales Tax Resale Certificate.

Are you requesting payment terms? Yes No If "Yes" _____

Please attach complete names, addresses, and phone and fax numbers of your banking references and four trade references.

Please attach a list with the names and addresses of Owners, Partners, or Corporate Officers.

Please attach your latest Profit and Loss Statement, and Balance Sheet.

I hereby authorize Network Label Inc. to obtain credit information about my company and agree to the payment terms stated on the invoices that are presented.

Signature _____ Date _____
Owner, Partner, Corporate Officer, or Manager

Name _____ Title _____