

## CREDIT APPLICATION

Please complete this credit application form and fax it back to Imprimus at 310.327.3871. We will process your request for an open account after we receive the information from your bank and credit references.

PLEASE PRINT OR TYPE CLEARLY

### Section I - Billing Information

Full Legal Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Requested Credit Amount: \_\_\_\_\_

### Section II - Credit Information

Authorized  
Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_

Accounting  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of  
Business: \_\_\_\_\_ FEIN: \_\_\_\_\_

DNB#: \_\_\_\_\_

In business  
since: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Type of  
Business:  Partnership  Corporation  Sole Proprietorship  LLC

----- OFFICE USE ONLY -----

Approved: \_\_\_\_\_

Credit Limit/Terms: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III - Trade and Bank References**

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ (required)

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ (required)

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ (required)

Bank: \_\_\_\_\_ Location: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby certify that the information in this credit application and agreement is correct. The information included in this credit application and agreement is for use by Imprimus Labels and Packaging, LLC in determining the amount and conditions of credit extended. I understand that Imprimus Labels and Packaging, LLC may also utilize other sources for credit and business information, which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed on this credit application to release the information necessary to assist Imprimus Labels and Packaging, LLC in establishing a line of credit.

The undersigned hereby agrees that should a credit account be opened that customer agrees to pay a late payment fee of up to 1.5% per month on all amounts not paid in full by the due date. Additionally, in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, the undersigned agrees to pay an additional charge equal to the cost of collection including court costs.

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please print your full name: \_\_\_\_\_