



NEW ACCOUNT FORM

(please print clearly)

COMPANY INFORM	ATION				
Company Name					
Type of Business	Corp	Partnership —	LLC	Individual Owner	
Address				-	
Phone No.			City	State	Zip
Contact Name			Email		
AP Contact			Email		
AP Phone No.			<u></u>		
Email for Invoices & Stat	ements to be sen	t			
Parent / Sister Co.			Dur	n & Bradstreet #	
Years in Business	Business Estimated Annual Sales				
How did you hear about	Inovar:				
Company History a Provide a brief descripti BANK REFERENCE Please complete end	on of the Compar	ny's history, operations			
TRADE REFERENCE Please complete en	closed Trade R	Reference Verificat e a minimum of 3			
TAX STATUS					
If you are exempt fro Exemption Certifica			California, pleas	e attach a copy of your Tax	(
A Sales & Use Tax P	ermit is not a su	bstitute for a compl	eted exemptior	n certificate.	
Tax Status	Tax Exemp	ot (Read stmt above)		Non-Tax Exempt	



Customer No	
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CUSTOMER CONSENT

I give approval to Precision Label, a part of Inovar Packaging Group to request information about our firm. If credit is not approved, I will be notified. If collection of this account becomes necessary, I/We agree to pay all costs of collection, including, but not limited to reasonable attorney's fees, collection agency fees and cost of suit incurred.

Signature	Date				
Title	_				
INTERNAL OFFICE USE ONLY					
Dun & Bradstreet #:	_				
Brief Summary of D & B Report Results:					
Customer Terms / Limit Recommendation:	TERMSCREDIT LIMIT				
Reasoning / Brief Explanation for Recommended Terms / Credit Limit:					
COMPLETED BY:	DATE:				
REVIEW & APPROVAL					
NEW ACCOUNT: APPROVED	DENIED				
APPROVED TERMS:	APPROVED CREDIT LIMIT:				
COMMENTS:					
REVIEWED BY:	DATE:				