



Customer No. \_\_\_\_\_

# NEW ACCOUNT FORM

(please print clearly)

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## COMPANY INFORMATION

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. \_\_\_\_\_

Email for Invoices & Statements to be sent \_\_\_\_\_

Parent / Sister Co. \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

Years in Business \_\_\_\_\_ Estimated Annual Sales \_\_\_\_\_

How did you hear about Inovar: \_\_\_\_\_

### Company History and Nature of Operations:

Provide a brief description of the Company's history, operations, and product needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## BANK REFERENCE

Please complete enclosed Bank Credit Reference Authorization Forms.

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## TRADE REFERENCES

Please complete enclosed Trade Reference Verification Authorization Forms.

\*\*\* There needs to be a minimum of 3 references \*\*\*

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## TAX STATUS

If you are exempt from paying sales tax in the State of California, please attach a copy of your Tax Exemption Certificate or Resale Certificate.

A Sales & Use Tax Permit is not a substitute for a completed exemption certificate.

Tax Status     Tax Exempt (Read stmt above)     Non-Tax Exempt

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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 \_\_\_\_\_

Please return via email to [KParker@p-label.com](mailto:KParker@p-label.com)

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### INTERNAL OFFICE USE ONLY

Dun & Bradstreet #: \_\_\_\_\_

Brief Summary of D & B Report Results: \_\_\_\_\_

\_\_\_\_\_

Customer Terms / Limit Recommendation: \_\_\_\_\_ TERMS \_\_\_\_\_ CREDIT LIMIT

Reasoning / Brief Explanation for Recommended Terms / Credit Limit: \_\_\_\_\_

\_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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### REVIEW & APPROVAL

NEW ACCOUNT:  APPROVED

DENIED

APPROVED TERMS: \_\_\_\_\_

APPROVED CREDIT LIMIT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

GM OR VP OF SALES