

Amherst Label, Inc.
15 Westchester Drive
800-458-0777, Fax 603-673-7814
Milford, New Hampshire 03055
800-458-0777, Fax 603-673-7814

For Office Use Only:
Sales Person _____
Date _____
Credit Card First Order _____

CREDIT APPLICATION

Name of Company _____ Phone _____

Billing Address _____ Fax _____

City _____ State _____ Zip _____

Year Established _____ E-Mail _____ Website _____

Company Type: (please check one)

Sole Proprietorship

Partnership

Franchise

Corporation

Parent Corporation _____

Address _____

Description of Business _____ Year Established _____

Name of Principal _____ Title _____

Street Address _____ City _____ State _____ Zip _____

Social Security# _____ Federal Tax ID# _____

Amount of Credit Requested _____

BANK REFERENCES (Required):

Bank Name _____ Account# _____ Contact _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Trade References:

Company Name _____

1. _____ Phone _____ Fax _____

Email _____

2. _____ Phone _____ Fax _____

Email _____

3. _____ Phone _____ Fax _____

Email _____

We apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We authorize you to verify and collect information on us, including but not limited to bank references, trade references, consumer and/or commercial credit reports. We fully understand your credit terms: NET 30 DAYS from ship date and payment within this period is expected unless other arrangements have been made with our Credit Department. We further agree to pay all expenses of collections including court costs and reasonable attorney fees should collection become necessary.

Name _____

Title _____

Authorized Signature _____

Date _____

*** (Please make sure signature above is an authorized signer on the bank account in order to pull a bank credit inquiry. Thank you)