



Application for Credit

Address:			
City, State & Zip:			
Phone:		Fax:	
Ownership:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
Est. Line of Credit Req.: \$	Annual Sales Vol.: \$	Tax ID:	
		Seller Permit ID:	

Name of Owner:	SSN:
Residential Address:	
City:	Phone:
State & Zip:	

<u>References:</u>			
Bank Name:		Account Number:	
City:		Phone:	
State & Zip:		Fax:	
Contact:			

<u>Trade References:</u>			
Name:		Phone:	
Address:		Fax:	
Name:		Phone:	
Address:		Fax:	
Name:		Phone:	
Address:		Fax:	

- Your Signature below authorizes banks and vendors to release credit and financial information to Label Productions of California, Inc. for the purpose of establishing an open account.
- I hereby agree to the terms set forth by Label Productions of California, Inc. and agree to any additional fees should the occasion arise that legal action be required to collect incurred debt.

X _____
X _____
X _____

Signature of Owner or Officer: Print Name: Date: