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# NEW ACCOUNT FORM

IN ORDER FOR US TO SERVE YOU BETTER, PLEASE PROVIDE THE FOLLOWING INFORMATION.

COMPANY NAME:

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PRIMARY CONTACT NAME:

TITLE:

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PRIMARY CONTACT EMAIL:

PHONE:

---

OTHER CONTACTS: [PLEASE SPECIFY ROLE OF EACH CONTACT]

CONTACT 2 NAME:

TITLE:

---

CONTACT 2 EMAIL:

PHONE:

---

CONTACT 3 NAME:

TITLE:

---

CONTACT 3 EMAIL:

PHONE:

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PREFERENCES:

WHAT TYPE OF PRODUCTS DO YOU CURRENTLY PRODUCE?

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WHAT IS YOUR ANNUAL SPEND ON LABELS?

ESTIMATED MONTHLY USAGE?

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WHAT ARE THE MAIN END-USES FOR WHICH YOU ORDER LABELS?

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RECEIVING HOURS FOR SHIPMENTS M-F:

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# NEW ACCOUNT APPLICATION

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE, PLEASE CALL 1.818.351.5112.

PLEASE SIGN & EMAIL COMPLETED FORM TO: [info@labelgraf.com](mailto:info@labelgraf.com)

or SIGN AND FAX COMPLETED FORM TO: 1.818.351.5117

FEDERAL TAX ID: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

LEGAL BUSINESS NAME: \_\_\_\_\_ OPERATING AS: \_\_\_\_\_

STATE/COUNTRY OF INCORPORATION: \_\_\_\_\_

PARENT COMPANY: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TYPE OF BUSINESS:

<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> GOVERNMENT
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLP
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> OTHER: _____

BILLING INFO:

BILL TO NAME: \_\_\_\_\_

ATTN/DEPT: \_\_\_\_\_

BILL TO ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

INVOICE EMAIL: \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_

A/P PHONE: \_\_\_\_\_

A/P EMAIL: \_\_\_\_\_

SHIPPING INFO:

SHIP TO NAME: \_\_\_\_\_

ATTN/DEPT: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

RECEIVING DEPT PHONE: \_\_\_\_\_

ADD'L CONTACT NAME: \_\_\_\_\_

ADD'L CONTACT PHONE: \_\_\_\_\_

ADD'L CONTACT EMAIL: \_\_\_\_\_

DOES PARENT CO. GUARANTEE DEBTS?  YES  NO

**NAMES OF OFFICERS/OWNERS:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

% OF OWNERSHIP: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_

FORMER/PRESENT  
AFFILIATED COMPANIES: \_\_\_\_\_

HOW RELATED: \_\_\_\_\_

PENDING LITIGATION?  YES  NO

IF YES, DETAILS: \_\_\_\_\_

BANKRUPTCY FILED?  YES  NO IF YES, DATE: \_\_\_\_\_

CITY & STATE OF FILING: \_\_\_\_\_

**CREDIT AND TRADE REFERENCES:**

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

OFFICER: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF LOANS: \_\_\_\_\_ BRANCH/LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TRADER REFERENCE NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**NAMES OF OFFICERS/OWNERS:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

% OF OWNERSHIP: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_

FORMER/PRESENT  
AFFILIATED COMPANIES: \_\_\_\_\_

HOW RELATED: \_\_\_\_\_

PENDING LITIGATION?  YES  NO

IF YES, DETAILS: \_\_\_\_\_

BANKRUPTCY FILED?  YES  NO IF YES, DATE: \_\_\_\_\_

CITY & STATE OF FILING: \_\_\_\_\_

**CREDIT AND TRADE REFERENCES:**

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

OFFICER: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TRADER REFERENCE NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine by creditworthiness.

NOTE: Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization. By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

SIGNED: \_\_\_\_\_ BY [NAME]: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ FULL COMPANY NAME: \_\_\_\_\_

INDIVIDUAL PERSONAL GUARANTY

DATE: \_\_\_\_\_

I, \_\_\_\_\_ residing at \_\_\_\_\_  
for and in consideration of your extending at our request credit to \_\_\_\_\_  
(hereinafter referred to as the ("Company") of which I am (title) \_\_\_\_\_  
hereby personally guarantee to you the payment at UPM Raflatac, Inc. in the State of North Carolina of any  
obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become  
due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall  
be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive  
notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement  
hereby guaranteed.

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_