

SOUTHERN LABEL COMPANY

5624 CLIFFORD CIRCLE • BIRMINGHAM, ALABAMA 35210-4453 • (205) 836-8080 • FAX (205) 833-5598

CREDIT APPLICATION Page 1

*** All Information MUST Be Filled Out Completely
Or Your Credit Request May Be Delayed ***

DATE _____

CUSTOMER'S COMPANY NAME: _____

ADDRESS (No P.O. Box Please) _____

CITY _____ ST _____ ZIP _____

PARENT COMPANY NAME (IF APPLICABLE): _____

ADDRESS (No P.O. Box Please) _____

CITY _____ ST _____ ZIP _____

BILLING ADDRESS: _____

CITY _____ ST _____ ZIP _____

SHIPPING ADDRESS: _____

CITY _____ ST _____ ZIP _____

IN BUSINESS SINCE: _____

TYPE OF ENTITY: PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER _____

IF INCORPORATED: STATE OF INCORPORATION: _____ YEAR OF INCORPORATION: _____

TYPE OF BUSINESS: _____ DATE ESTABLISHED: _____

ESTIMATED MONTHLY PURCHASES: _____

BUYER'S NAME: _____

BUYER'S TELEPHONE NO.: _____ FAX NO.: _____

BUYER'S E-MAIL ADDRESS: _____

ACCOUNTS PAYABLE NAME _____

ACCOUNTS PAYABLE E-MAIL ADDRESS _____

ACCOUNTS PAYABLE TELEPHONE NO.: _____ FAX NO.: _____

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TRADE REFERENCES*

BANK PAYMENTS, UPS, TRUCK LINE PAYMENTS, UTILITIES, RENT AND THE LIKE **DO NOT** QUALIFY AS CREDIT REFERENCES

1. VENDOR _____	A/R E-MAIL _____
CONTACT _____	PHONE _____
ADDRESS _____	FAX# _____
CITY _____ ST _____ ZIP _____	ACCT # _____

2. VENDOR _____	A/R E-MAIL _____
CONTACT _____	PHONE _____
ADDRESS _____	FAX# _____
CITY _____ ST _____ ZIP _____	ACCT # _____

3. VENDOR _____	A/R E-MAIL _____
CONTACT _____	PHONE _____
ADDRESS _____	FAX# _____
CITY _____ ST _____ ZIP _____	ACCT # _____

4. VENDOR _____	A/R E-MAIL _____
CONTACT _____	PHONE _____
ADDRESS _____	FAX# _____
CITY _____ ST _____ ZIP _____	ACCT # _____

5. VENDOR _____	A/R E-MAIL _____
CONTACT _____	PHONE _____
ADDRESS _____	FAX# _____
CITY _____ ST _____ ZIP _____	ACCT # _____

6. VENDOR _____	A/R E-MAIL _____
CONTACT _____	PHONE _____
ADDRESS _____	FAX# _____
CITY _____ ST _____ ZIP _____	ACCT # _____

*IF INVOICES ARE PAID BY A PARENT COMPANY, INDICATE THIS AND LIST THE PARENT COMPANY'S TRADE REFERENCES.

BANK REFERENCE

BANK _____	PHONE _____
ADDRESS _____	FAX# _____
CITY _____ ST _____ ZIP _____	ACCT # _____
ACCT. REP. _____	

FEDERAL TAX ID# _____
TAX EXEMPT # _____

TAX RATE _____
COMMENTS _____

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POLICY STATEMENT FOR CREDIT AND COLLECTION

TERMS: NET 30 DAYS

OUR CREDIT APPLICATION FORM MUST BE COMPLETED, RETURNED AND ON FILE AS A CONDITION TO MAINTAIN AN OPEN ACCOUNT ALONG WITH THIS POLICY STATEMENT.

PAST DUE INVOICES—THOSE ACCOUNTS 45 DAYS OR MORE FROM INVOICE DATE— ARE SUBJECT TO A FINANCE CHARGE OF 2% PER MONTH, (AS INDICATED ON OUR INVOICE) OR 24% PER ANNUALLY. THE FINANCE CHARGE WILL BE ADDED TO THE UNPAID BALANCE AND ARE DUE AND PAYABLE UPON RECEIPT OF NOTICE.

YOUR CREDIT MAY BE SUBJECT TO RECHECK EVERY SIX MONTHS.

PAYMENTS:

EACH INVOICE IS DUE IN FULL ON OR BEFORE 30 DAYS FOLLOWING THE INVOICE DATE.

ANY RETURNS OR DEBITS ON ACCOUNTS MUST BE APPROVED BY OUR CREDIT DEPARTMENT PRIOR TO PAYMENT OF INVOICE.

PAST DUE ACCOUNTS:

PAST DUE ACCOUNTS OF FORTY-FIVE (45) DAYS FROM INVOICE DATE OR MORE ARE SUBJECT TO BEING PLACED ON CREDIT HOLD AND CHANGED TO A CASH IN ADVANCE STATUS WITHOUT NOTICE. YOUR ACCOUNT WILL REMAIN ON HOLD UNTIL ARRANGEMENTS SATISFACTORY WITH THE CREDIT DEPARTMENT HAVE BEEN MADE. **YOUR CREDIT MAY BE SUBJECT TO A RECHECK AT THIS TIME.**

ANY ACCOUNT THAT HAS AN UNPAID INVOICE THAT IS 90 DAYS OLD, IE.. 90 DAYS FROM DATE OF INVOICE, WILL BE TURNED OVER TO OUR COLLECTION AGENT. NOTIFICATION WILL BE SENT TO YOU AT THIS TIME UNLESS OTHER PAYMENT ARRANGEMENTS HAVE BEEN MADE.

THE UNDERSIGNED AGREES TO PAY COLLECTION FEES PLUS COURT COSTS AND ANY OTHER ATTORNEY FEES.

THE CUSTOMER BELOW DOES HEREBY AGREE TO ALL OF THE ABOVE POLICY STATEMENT FOR CONSIDERATION AND EXTENSION OF CREDIT BY SOUTHERN LABEL COMPANY.

COMPANY
NAME _____

AUTHORIZED SIGNATURE _____
(REQUIRED)

NAME (PLEASE PRINT) _____

OFFICIAL
TITLE _____

DATE _____