

CONSOLIDATED LABEL CO.

New Account Application

Company Name _____

Bill to Address _____

Ship to Address _____

Telephone # _____ Fax # _____

Years in business _____ Type of business _____

Initial order (in dollars) _____ Estimated yearly business (in dollars) _____

Pres./Owner _____ Telephone # _____

Accounts Payable _____ Telephone # _____ Ext. # _____

Taxable Nontaxable If nontaxable.. Tax Exemption # _____

COMPLETE THIS SECTION IF PAYING BY CREDIT CARD

VISA MC AMEX Card # _____ Exp. _____

COMPLETE THIS SECTION IF APPLYING FOR CREDIT

| Major Suppliers: | | |
|-------------------------|-------------|-------|
| Name | Telephone # | Fax # |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

Duns # _____

All costs of collection will be debtor's responsibility, including a reasonable attorney's fee, should collection through an attorney be necessary.

Signature / Title

**CONSOLIDATED
LABEL CO.**

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