

## CREDIT APPLICATION

Phone: 814-362-3851 Fax: 814-362-9764 Email: mccourt@mccourtlabel.com

Date: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Principles: \_\_\_\_\_

Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Accounts Payable Contact and Email Address \_\_\_\_\_

Federal ID # \_\_\_\_\_

Accounts Payable Phone and Fax \_\_\_\_\_

Please circle organizational type: C-corporation S-corporation Partnership Sole Proprietorship

Incorporated under State Laws of \_\_\_\_\_ Number of Employees \_\_\_\_\_ Approximate Annual Label Sales \_\_\_\_\_

How long have you been in business under this name? \_\_\_\_\_ Have you been in business under a previous name? \_\_\_\_\_

If yes, please list the name and address or if your firm is a division or subsidiary of another firm, please list name and address

*Attention:* Customers with Pennsylvania shipping destinations must include a resale or exemption certificate, if applicable, to avoid being charged with Pennsylvania sales tax.

Credit References: D&B number (if applicable) \_\_\_\_\_ and/or provide vendor references below or fax your own sheet.

Bank Name: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Bank Contact \_\_\_\_\_

Company Contact \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bank Acct # \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Company Contact \_\_\_\_\_

Company Contact \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Terms and Conditions of Sales: Standard credit terms to the customer are Net 30. If the account is not paid as agreed, McCourt Label Company reserves the right to charge interest at the lower of either the highest rate allowed by law or one and one-half (1 1/2%), (eighteen percent (18%) per annum), on balances unpaid after 45 days from invoice date. Finance charges plus collection fees and legal fees are the responsibility of the customer. At the discretion of McCourt Label Company, payments can be applied to older invoices and/or credit availability can be terminated. No terms or conditions on purchase orders or other submitted documents shall be part of the agreement to provide product unless approved in writing by McCourt Label Company.**

I believe our firm is financially able to meet any commitments we have made. I have the authority to establish credit obligations and have read and agree to terms of credit and promise to pay the account in full according to the invoice terms. I wish to establish credit with McCourt Label Company under those terms. I authorize you to contact any and all of the credit references listed above.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**For McCourt Use Only** Customer ID: \_\_\_\_\_

Credit Terms: \_\_\_\_\_

Init: \_\_\_\_\_