



CALIFORNIA LABEL PRODUCTS

13255 S. Broadway
Los Angeles, CA 90061
tel 310.523.5800 - fax 310.523.5858

C.O.D./COMPANY CHECK APPLICATION

* Business Name: _____ * Address: _____

* DBA: _____

* Phone Number: (_____) _____

* Fax Number: (_____) _____

Accounts Payable

Address (if different): _____ Fed Tax I.D. #: _____

Accounts Payable Contact: _____ Phone Number: (_____) _____

Payment Personally Guaranteed? Yes No By: _____ Title: _____

Person(s) Authorized to Place Orders: _____

Name of Owner: _____ Home Phone Number: (_____) _____

Home Address: _____ City/State/Zip: _____

Name of Owner: _____ Home Phone Number: (_____) _____

Home Address: _____ City/State/Zip: _____

PERSONAL REFERENCE:

Name: _____ Home Phone Number: (_____) _____

Home Address: _____ City/State/Zip: _____

BANK INFORMATION:

Bank Name: _____

Address: _____ Contact at Bank: _____

City/State/Zip: _____ Checking Account #: _____

Phone Number: (_____) _____ Savings Account #: _____

Customer verifies that the above information is correct and hereby grants permission for any person or company to furnish any and all information which may be periodically requested regarding the rating on my company checking or savings account. Customer also agrees to pay with company check (upon approval), for any and all sales and deliveries under and pursuant to its account, whether ordered by the customer as sole owner, or by any person representing himself/herself/itself to be an agent, employee, or representative of the customer. In the event of a check returned "NOT SUFFICIENT FUNDS", customer agrees to pay all processing costs for redeposit. In the event that a check returned NSF cannot be redeposited, customer also agrees to provide this creditor (CALIFORNIA LABEL PRODUCTS) with a replacement check within 48 hours, mailed express to CALIFORNIA LABEL PRODUCTS Credit Department. For all checks returned NSF, a service charge in the amount of \$15.00 will be added to the original amount of the check. In the event that collection or legal action is necessary, customer agrees to pay all collection costs, attorney's fees and court costs incurred, regardless whether judicial action is undertaken.

* Signature: _____ * Title: _____

* Print Name: _____

OFFICE USE ONLY:

Date Account Opened: ____/____/____ Average Balance: \$ _____ Current Balance: \$ _____

NSF Activity? Yes No Name of Contact: _____

Completed by: _____ Date: _____ Approved: Declined: