

# PCL

Premium Creative Labels, Inc.

## Credit Application

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Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

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

**Company Contacts:**

Purchasing: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Shipping/Receiving: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Hours of Operation:**

Office Hours: \_\_\_\_\_ Shipping/Receiving: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Method of Payment:**

Credit Card\*     Cash     Company Check

**Requested Terms:**

Credit Card\*     COD     Net 30     Other (please specify below in comments)

Credit Limit Requested: \$ \_\_\_\_\_  Requesting Tax Exempt Status\*\*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* For credit card applications please complete the Credit Card Authorization Form.

\*\* For organizations requesting tax exempt status please complete the California Resale Certificate or if applicable states reason for tax exempt status in comments.

**For Internal Use Only**

Sales Rep: \_\_\_\_\_

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

Comments: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

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**Bank Reference:**

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Trade References:**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ E-mail: \_\_\_\_\_

I the undersigned affirm that all the statements are accurate and truthful in this credit application and that I am authorized within my organization in the capacity needed to retain Premium Creative Labels, Inc. (PCL) as a vendor. In addition, on behalf of my organization authorize PCL and its representatives to inquire about our credit and business relationships with all of the references listed above, as well as credit agencies and any other credit sources that PCL may utilize. We hereby authorize the release of any such information requested to PCL.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Please fax the completed form to 951.600.1922 or E-mail a completed scanned version to [accounting@premiumcreativelabels.com](mailto:accounting@premiumcreativelabels.com).