

Sales Rep. # _____

BIZERBA LABEL SOLUTIONS

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CREDIT APPLICATION

Dear New Customer:

We appreciate being able to do business with you. Our terms for new customers are C.O.D. until we have completed a successful credit check. Please complete the following form and return it to us, ATTENTION: Accounting Dept.

Business Name _____

Div. / Subsidiary of _____

Business Street Address _____

Business Billing Address _____

City, State, Zip Code _____

Phone # _____ Bus. Fax # _____

Business Owner/Owners _____

Owner(s) Addresses _____

Type of Bus. _____

Business is: Proprietorship Partnership Corporation Limited Liability company

DUNS # _____ Yrs. in Business _____ Yrs. at this address _____

Bank Name _____ Account Number _____

Bank Address _____

Bank City, State, Zip _____

Contact _____ Phone Number _____

Type of Account: Checking Savings Other _____

Three Trade Credit References Address, City, State, Zip Contact, Phone No.

*SEE REVERSE SIDE

AGREEMENT

If credit is granted, I understand that terms are net thirty (30) days. I further understand that any invoices paid after that date will be subject to a late fee of 1.5% per month until paid. In consideration of Bizerba Label Solutions extending credit to the above business, we do hereby agree, jointly and individually, to pay for all goods, wares and merchandise supplied to any of us or the above named business, including all late fees billed as described above.

In the event it becomes necessary for the account to be placed with a third party for collection, we agree to pay all costs including reasonable attorney's fees and court costs.

We agree to immediately notify Bizerba Label Solutions of any change in ownership, address, or form of said business.

This instrument shall remain in force until written notice of revocation is received by Bizerba Label Solutions.

Date:

Applicant's Name and Title

Applicant's Signature(s)

Witnesses(2)

Please note that this agreement **must be signed and dated so that we may proceed with your order.**

Thank You