



11301 West Forest Home Avenue • Franklin, WI 53132
toll free: 800.376.0521 • tel: 414.425.2317 • fax: 414.425.2384 • www.aladdinlabel.com

Application for Credit

Company Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Is this a residential location? Yes No

Remit to Address _____

Is this a residential location? Yes No

Phone _____ Fax _____

If Incorporated, Name of (1) PRESIDENT

If Partnership, Name of Partners

(2) TREASURER

(3) SECRETARY

Has there been a recent change in ownership? Yes No

REMARKS _____

Aladdin Label's EIN:39-1173739

1. Aladdin Label, Inc.'s normal terms of credit are Net 30 days. An account shall be considered past due if unpaid after 30 days. 2. In the event that a past due amount is referred for collection to an agency or an attorney, the undersigned will pay all costs of collection, including reasonable attorney's fees. It is understood that this application is given to induce Aladdin Label, Inc. to extend credit to the undersigned, and that Aladdin Label, Inc. will in fact rely upon this application if Aladdin Label, Inc. extends credit.

BANK REFERENCE

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

SUPPLIER REFERENCE

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

SUPPLIER REFERENCE

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

SUPPLIER REFERENCE

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Applicant
(Name of business) _____ Date _____

By _____ Title _____

For Aladdin Label, Inc. Office use only:

Application taken by _____ Received at Office _____

Investigated by _____ Disposition _____