11440 Hillguard Road Dallas, TX 75243
Phone: (469) 330-0100
Email: info@Abbottlabel.com
www.abbottlabel.com

APPLICATION FOR CREDIT TO ABBOTT LABEL, INC.

Date: _____ Credit Limit Requested: _____

Company Name: _____ ☐ Proprietorship ☐ Partnership ☐ Corporation

Trade Name (if Different): _____

Type of Business: ☐ Forms Mfg. ☐ Printing Distr. ☐ Equip. Distr. ☐ Label Mfg. ☐ Quick Print ☐ Other

Business Address: _____

City, State, Zip Code: _____

Phone Number _____ Fax Number _____

Billing Address (if different than business address): _____

City, State, Zip Code: _____

Accounts Payable Contact _____ Email: _____

Alternate Phone Number: _____

Length of time doing business: Under Present Name _____ At Present Address _____

PRINCIPALS: (Owners-Partners-Officers)

1. _____
   (NAME) (TITLE)

   _____
   (HOME ADDRESS) (PHONE NUMBER)

2. _____
   (NAME) (TITLE)

   _____
   (HOME ADDRESS) (PHONE NUMBER)

3. _____
   (NAME) (TITLE)

   _____
   (HOME ADDRESS) (PHONE NUMBER)

BANK REFERENCES:

1. _____

(NAME AND ADDRESS — COMPLETE MAILING ADDRESS PLEASE)

_____

(EMAIL) (PHONE NUMBER) (ACCOUNT NUMBER)

2. _____

(NAME AND ADDRESS — COMPLETE MAILING ADDRESS PLEASE)

_____

(EMAIL) (PHONE NUMBER) (ACCOUNT NUMBER)

CREDIT REFERENCES: Include Complete Mailing Address, Please

1. _____

(NAME) (ADDRESS)

_____

(EMAIL) (PHONE NUMBER) (HOW LONG)

2. _____

(NAME) (ADDRESS)

_____

(EMAIL) (PHONE NUMBER) (HOW LONG)

3. _____

(NAME) (ADDRESS)

_____

(EMAIL) (PHONE NUMBER) (HOW LONG)

For the consideration of the extension of credit to the above firm, the undersigned promises to pay to the order of Abbott Label, Incorporated at their office in Dallas, Dallas County, Texas, all charges. Invoices are due and payable on or before 20 days from the date of the invoice. In the event said account becomes past due, the undersigned agrees that interest shall be added at the highest lawful rate per annum then allowable under State law from date until paid; and that in the event payment is not made on or before that due date, and the account is placed in the hands of an attorney for collection or suit or the same is collected through probate or bankruptcy proceedings, then an additional reasonable amount shall be added to the same attorney's fees.

Please accept this as authorization for the above listed credit references to release information on our account to Abbott Label, Incorporated.

_____
(Name of Applicant)

By: _____
(Signature)

_____
(Name Typed or Printed)

Title: _____
(OWNER, PARTNER, OR OFFICER)

I, the undersigned, personally guarantee the prompt and unconditional payment of all charges in the above Account.

_____ _____
Date Signature

ACCEPTED BY:
ABBOTT LABEL, INCORPORATED By: _____

CERTIFICATE OF RESALE

Dear Customer,

State Law requires us to have a signed copy of a certificate of resale. Please fill in and sign the form below.

I HEREBY CERTIFY: That I hold Limited Sales Tax Permit* Number _____ issued pursuant to the Limited Sales, Excise and Use Tax Act, and that the tangible personal property described below, or which is shown on the attached order or invoice which is made a part hereof, which I will purchase from Abbott Label, Incorporated, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions, in the form of tangible personal property or attached to the tangible personal property sold; however, if I make any use of the tangible personal property other than retention, demonstration or display while holding it for sale, lease or rental in the regular course of business, the use shall be taxable to me as of the time when the tangible personal property is first so used, and the sales price of the tangible personal property to me shall be deemed the measure of the tax. I understand that it is a misdemeanor to give to the seller a resale certificate for taxable items which I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental in the regular course of business, and that upon conviction I may be fined not more than $500.00 per offense.

Description of the property to be purchased: **ADHESIVE LABELS, TAGS, PRINTED FORMS, RAW LABELS STOCK AND OTHER RELATED ITEMS.**

Executed this the ____ day of _____, 20___.

**or, Certificate of Authority number for an out-of-state retailer holding such certificate or permit application date.*

Purchaser: _____

Address: _____

_____

CITY STATE ZIP

BY: _____

NAME TITLE