

Credit Department

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www.alggraphics.com

Credit Application

Company Name		Taxpayer ID # (TIN, FEIN or SSN)				
Phone Number		Fax Number				
Business Physical Street Address		City		State	Zip Code	
Mailing Address-If Different from Above		City		State	Zip Code	
Organization Type: Corporation Par	Sole Proprietor I	Sole Proprietor LLC Other:				
Billing Information						
Billing Contact		Phone Number				
Billing Transmittal: Email Address:						
Vendor References						
Vendor 1	Person	to Contact	Telep	hone		
Email (required):			Account Number (If applicable)			
Vendor 2	Person to Contact		Telep	elephone		
Email (required):				ccount Number (If applicable)		
Vendor 3	Person	Person to Contact		hone		
Email (required):				Account Number (If applicable)		
Bank Reference						
Bank Name	Officer		Telep	hone	Account Number	
Email (required):						
Release for Credit and Bank Information						
ALG Labels and Graphics is authorized to receive credit and bank information regarding the company listed above for the purpose of establishing an open account with ALG.						
Signature (must be signer on account)	Date	Print Name	ne		Title	