



CUSTOMER ACCOUNT SETUP FORM

OUT OF STATE CUSTOMERS

Please complete section 1 to set up your customer account. Complete section 2 if you are applying for terms. Please fax the completed form to our secure fax line (510) 226-6094 or email to AR@celotape.com

Section 1. Contact Information

Business Name _____ D&B (D-U-N-S): _____ - _____ - _____
Business Address _____ City/State _____
Zip/Postal Code _____ Web Site _____ Years in Business _____
A/P Contact _____ E-mail _____ Phone # (_____) _____

Section 2. Credit Request (Complete if you are applying for terms)

We request the establishment of a commercial credit account with Celotape, Inc./ Landmark Label, authorize a credit review of our references and agree to pay invoices within the approved terms.

Owner or Authorized Agent: _____
Print Name and Title _____ Date _____

US Trade References (Please use your 3 larger volume operational vendors)

1) Business Name _____ A/R Contact _____
E-mail _____ Phone # (_____) _____ Fax # (_____) _____
2) Business Name _____ A/R Contact _____
E-mail _____ Phone # (_____) _____ Fax # (_____) _____
3) Business Name _____ A/R Contact _____
E-mail _____ Phone # (_____) _____ Fax # (_____) _____