



1700 Stephen Street – P.O. Box 347 – Little Chute – WI 54140 – Phone: 800-236-7914 – Fax: 920-788-7739

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APPLICATION FOR CREDIT

Application Date: ___/___/___ Account Manager: _____ Credit Limit \$ _____

Customer Legal Name: _____ d.b.a.: _____

Ship to Address: _____

Mailing Address: _____

City, State, Zip: _____

County Located In: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____

Email Address: _____ A/P Contact: _____

Date Business Established: _____ (Required) DUNS #: _____ NAICS Code _____

Ownership Type (please check one)

___ Individual Ownership ___ Partnership ___ Corporation: Date Incorporated ___/___/___

___ Other-Explain: _____

Federal ID or Social Security Number: _____

Please include Exemption Certificates for all states in which you are exempt from Sales Tax.

CUSTOMER'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY CUSTOMER'S INVOICES IN ACCORDANCE WITH HEARTLAND'S STANDARD TERMS AND CONDITIONS. The information provided is for the purpose of obtaining credit and is warranted to be true. Customer hereby authorizes Heartland to investigate the references and financial institutions listed pertaining to Customer's credit and financial responsibility. CONTINUING GUARANTY: I/We hereby, personally and severally, give this continuing guaranty to Heartland Label Printers, LLC and will pay all bills that are not paid by Customer when due, and all collection expenses, costs and attorney fees.

Authorized Signature: _____ Date ___/___/___

Name/Title: _____

Authorized Signature: _____ Date ___/___/___

Name/Title: _____

Principal’s Name & Address (To be held in strictest confidence)

Name: _____ Title: _____

Address: _____ Phone: _____

City, State, Zip: _____

Name #2: _____ Title: _____

Address: _____ Phone: _____

City, State, Zip: _____

Trade Reference – PLEASE FILL OUT ALL FOUR COMPLETELY:

1. Name: _____

2. Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: (____) ____ - _____

Phone: (____) ____ - _____

FAX: (____) ____ - _____

FAX: (____) ____ - _____

Email Address: _____

Email Address: _____

3. Name: _____

4. Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: (____) ____ - _____

Phone: (____) ____ - _____

FAX: (____) ____ - _____

FAX: (____) ____ - _____

Email Address: _____

Email Address: _____

Bank Information:

Bank Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

ACCOUNT # _____ Phone: (____) ____ - _____ FAX: (____) ____ - _____

This signature authorizes the release of information by our bank to Heartland Label Printers, LLC for the purpose of obtaining a credit reference.

Authorized Signature: _____ Date ____/____/____

Name/Title: _____