

330 Lake Park Rd, Ste 101 | Lewisville, TX 75057 | (972) 221-6427 | www.lonestarlabels.com

Please complete the information below so we can evaluate your request for open-account terms.

COMPANY INFORMATION

COMPANY NAME

DATE

ADDRESS

CITY

STATE

ZIP

D&B LISTED



Yes



No

D&B NUMBER

PHONE

FAX

TYPE OF BUSINESS (BRIEF DESCRIPTION)

BUSINESS START DATE

NO. OF EMPLOYEES

BUSINESS STRUCTURE



Corporation



Partnership



Proprietorship

FEDERAL TAX ID NO.

RESALE NO.

OWNER

CONTROLLER

ACCOUNTS PAYABLE CONTACT NAME

ACCOUNTS PAYABLE EMAIL

ESTIMATED ANNUAL PURCHASES

AMOUNT OF CREDIT REQUESTED

BANK INFORMATION

BANK NAME

CONTACT

BANK ADDRESS

PHONE

ACCOUNT NO.

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TRADE REFERENCE INFORMATION

REFERENCE 1

FIRM NAME

CONTACT

ADDRESS

PHONE

EMAIL

REFERENCE 2

FIRM NAME

CONTACT

ADDRESS

PHONE

EMAIL

REFERENCE 3

FIRM NAME

CONTACT

ADDRESS

PHONE

EMAIL

TERMS OF SALE

I/We hereby authorize Lone Star Labels to investigate the references listed pertaining to my/our credit and financial responsibility. Conditions: In consideration of any open account terms granted to applicant by Lone Star Labels, applicant agrees to pay in accordance with the terms stated by Lone Star Labels credit application and invoices. Also, applicant agrees to pay finance charges of 1.5% per month on outstanding balances, which are past the due date of the invoice. The applicant also agrees to pay expenses incidental to the collection of any past due amounts, including reasonable attorney's fees. Also, since all credit and collection functions are done through Lone Star Labels, LLC Headquarters in Lewisville, TX, it is agreed that in the event of suit, venue and jurisdiction will take place in Lewisville, TX or in the judicial district where shipment originates, at the option of Lone Star Labels. This application must be signed by a sole proprietor, general partner, or authorized officer. The person signing this application certifies that he or she has the authority to enter into a binding contract on behalf of the applicant.

AUTHORIZED ACCEPTANCE

This application must be signed by a sole proprietor, general partner, or authorized officer.

APPLICANT NAME

TITLE

DATE

AUTHORIZED SIGNATURE