

Customer Information

New Account Set-up

www.sd-labels.com
813.907.8899

Rev 4-22-2022

Company Information

Company Name	<input type="text"/>	Date:	<input type="text"/>
Company Address	<input type="text"/>		
City	<input type="text"/>	Province or State	<input type="text"/>
Country	<input type="text"/>	Postal Code	<input type="text"/>
Years in Business	<input type="text"/>	Organization	<input type="text"/>
		Purchase Orders Required	<input type="text"/>

Company Contacts

Purchasing Contact

Accounts Payable Contact

Name	<input type="text"/>	Name	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>
		Fax #	<input type="text"/>

Shipping Carrier information

Preferred Carrier:	<input type="text"/>	Account #	<input type="text"/>
Alternative Carrier:	<input type="text"/>	Account #	<input type="text"/>

Banking Information (Required if applying for credit)

Bank Name	<input type="text"/>	Contact Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	Province/State	<input type="text"/>
		Country	<input type="text"/>	Postal Code	<input type="text"/>

PLEASE, COMPLETE PAGE 2

**Trade References
(Required if applying for credit)**

Company	<input type="text"/>	Contact	<input type="text"/>		
Address	<input type="text"/>				
City	<input type="text"/>	Province/State	<input type="text"/>	Postal Code	<input type="text"/>
Phone #	<input type="text"/>	Fax #	<input type="text"/>	Country	<input type="text"/>

Company	<input type="text"/>	Contact	<input type="text"/>		
Address	<input type="text"/>				
City	<input type="text"/>	Province/State	<input type="text"/>	Postal Code	<input type="text"/>
Phone #	<input type="text"/>	Fax #	<input type="text"/>	Country	<input type="text"/>

TERMS

1. Pre-payment is required for the initial order.
2. If credit terms are granted pursuant to this application, the terms are Payment in Full, Net 30 Days from date of invoice.
> We reserve the right to limit-credit or close accounts at any time.
3. The undersigned warrants that he/she has the authority to establish this account and to make these certifications on behalf of the business named above.
4. The undersigned hereby:
 - a. Represents & warrants on behalf of the applicant company that the above information and any other information provided with this application is true & complete.
 - b. Authorizes Artco to investigate the applicant's credit record & history, including contacting the references above.

The undersigned acknowledges that the applicant received & retained a copy of this application.

Applicant Signature	<input type="text"/>	Date	<input type="text"/>
Printed Name	<input type="text"/>	Title	<input type="text"/>