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CREDIT APPLICATION

Please complete this credit application form and fax it back to Western Shield Acquisitions, LLC (DBA Western Shield Label). We will process your request for an open account after we receive the information from your bank and credit references.

PLEASE PRINT OR TYPE CLEARLY

Section I – Billing Information

Full Legal Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Section II – Credit Information

Authorized officer: _____ Title: _____

Accounting contact: _____ Phone: _____

Type of business: _____ FEIN: _____

In business since: _____ Annual sales: _____

Type of Business: Partnership Corporation Sole Proprietorship

Section III – Trade and Bank References

Trade Reference

Name: _____

Address: _____

Phone: _____ Fax: _____

Trade Reference

Name: _____

Address: _____

Phone: _____ Fax: _____

Trade Reference

Name: _____

Address: _____

Phone: _____ Fax: _____

Bank: _____ Location: _____

Account #: _____ Contact: _____

Phone: _____ Fax: _____

Signature of account holder authorizing bank to give reference:

_____ date: _____