



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: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Requested Credit Amount: _____

Section II - Credit Information

Authorized
Officer: _____ Title: _____

Email address: _____

Accounting
Contact: _____ Phone: _____

Email address: _____ Fax: _____

Type of
Business: _____ FEIN: _____

DNB#: _____

In business
since: _____ Annual Sales: _____

Type of
Business: Partnership Corporation Sole Proprietorship LLC

----- OFFICE USE ONLY -----

Approved: _____

Credit Limit/Terms: _____ Date: _____

Section III - Trade and Bank References

Company Name: _____
Contact: _____
Address: _____
Phone: _____ Fax: _____
(required)

Company Name: _____
Contact: _____
Address: _____
Phone: _____ Fax: _____
(required)

Company Name: _____
Contact: _____
Address: _____
Phone: _____ Fax: _____
(required)

Bank: _____ Location: _____
Account #: _____ Contact: _____
Phone: _____ Fax: _____

I hereby certify that the information in this credit application and agreement is correct. The information included in this credit application and agreement is for use by WSL in determining the amount and conditions of credit extended. I understand that WSL may also utilize other sources for credit and business information, which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed on this credit application to release the information necessary to assist WSL in establishing a line of credit.

The undersigned hereby agrees that should a credit account be opened that customer agrees to pay a late payment fee of up to 1.5% per month on all amounts not paid in full by the due date. Additionally, in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, the undersigned agrees to pay an additional charge equal to the cost of collection including court costs.

Company: _____ Date: _____

Signature: _____ Title: _____

Please print your full name: _____