

AdaZon Inc./Labelrack
 1485 N. Western Ave
 Lake Forest, IL 60045
 TEL: (847) 235-2700 FAX: (847) 604-8364



Please send a copy of your resale or tax-exempt certificate.

CREDIT APPLICATION

Please check box if references are attached (Signature required).

Name of Business (Billing Address)

COMPANY NAME		PHONE #	FAX #
STREET			
CITY	STATE	ZIP CODE	
D&B #:	TAX ID		

Ship to Location

STREET		
CITY	STATE	ZIP

Form of Business

(Please check applicable box)

PROPRIETORSHIP	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>
CORPORATION	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>

Accounts Payable Contact

NAME	TITLE	PHONE	EMAIL
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Bank reference

BANK NAME:	ADDRESS:		
BANK CONTACT:	FAX:	PHONE:	
BANK ACCOUNT NO.:			

Trade References: (Minimum of 3 are requested)

VENDOR NAME	ADDRESS	PHONE NUMBER	FAX NUMBER

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize AdaZon Inc. to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) may be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice.

Customer Signature _____ Title _____ Date Signed _____

Personal Guaranty

Personal Guaranty Name _____ _____ (Please print) Address _____ City _____ State _____ Zip code _____ Phone _____	I hereby guarantee to AdaZon Inc. the payment of all sums owing on this account. AdaZon Inc. shall have the right to investigate my personal credit, employment and income records, and the right to verify my credit references in connection with this application. AdaZon Inc. shall also have the right to report the way I pay this account to the credit bureaus and other parties who may lawfully receive such information. Personal Guaranty Signature _____ Date _____ Witness 1 _____ Date _____ Witness 2 _____ Date _____
Social Security number _____	