



New Account Application

* denotes required fields

Contact Information

*Company Name: _____

*AP Contact Name: _____

*Bill to Address: _____

*Ship to Address: _____

*Phone: _____ *Fax: _____

*Email: _____

Website Address: _____

Background Information

Type of Business (circle one)

Sole Proprietorship Partnership Corporation

Years in Business _____

President/Owner _____

No. of Employees _____

Type of Business _____

Dun & Bradstreet # _____

Annual Sales (in dollars) _____

Estimated value of initial order (in dollars) _____

Estimated monthly and annual Purchases from
QSX Labels, Inc. (in dollars) _____

BANK REFERENCE

Bank _____

Contact _____

Address _____

City, State, Zip _____

Checking Acct. # _____

Saving Acct.# _____

Phone _____

Fax _____

TRADE REFERENCES

Company _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Company _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Company _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Company _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Everything stated above is correct and complete. QSX Labels, Inc. is authorized to investigate the information stated above including but not limited to the bank and trade references to verify the financial condition of the applicant company. All costs of collection will be debtor's responsibility, including a reasonable attorney's fee, should collection through an attorney be necessary. I am duly authorized to execute this application on behalf of the applicant.

By: _____ Print Name: _____

Title: _____ Date: _____