



Liberty Marking SYSTEMS

Solving Your Toughest Label Challenges

Application for Credit

Full Business Name: _____

Trade Name(s): _____

Mailing Address: _____

Shipping Address: _____

Phone #: _____ Fax #: _____ Requested Credit Limit _____

Corporation _____ Partnership _____ Proprietorship _____ Other _____

State Incorporated: _____ Year: _____ Fed ID# _____ Sales Tax Exempt: _____

Name & Address of Parent Company: _____

Bank References

Name of Bank: _____ Phone: _____

Address: _____

Type of Account _____ Account Number: _____

Exact Name on Account: _____

Vendor References

1. Name: _____

2. Name: _____

Address: _____

Address: _____

City: _____ St: _____ Zip: _____

City _____ St: _____ Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

3. Name: _____

4. Name: _____

Address: _____

Address: _____

City: _____ St: _____ Zip: _____

City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Liberty Marking Systems, Inc. terms are Net 30 days. FOB Cincinnati, Ohio.

Tax Exempt Certificate **must** accompany this application.

The information provided to Liberty Marking Inc. on this application by the applicant is warranted to be accurate, complete and true. Liberty Marking is authorized to investigate the applicant's credit history and to answer questions about its credit experience with this applicant. In the event that any invoice now or hereafter due and owing by buyer to Liberty is not paid when due and liberty is required to retain an attorney to obtain payment of any invoice, buyer shall be liable for all reasonable attorney's and/or collection agency fees incurred in connections therewith. Venue in any litigation that occurs shall be in the county of creditor's principal place of business.

(Authorized Signature)

Print Name: _____

Title: _____

Date: _____

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