COLONIAL LABEL SYSTEMS - DEALER APPLICATION

*Shipping Address:		*Legal Name & Address:		
DBA Trade Name		Legal Name of Company (Corporate, Partnership or Proprietorship Name)		
Address		Address		
City, State, Zip		City, State, Zip		
Phone Number		Accounts Payable Contact and Phone Number		
		Business Email Address		
	PRINCIPAL OW	NERS & OFFICERS		
Name	Name		Name	
Social Security#	Social Security#		Social Security#	
Position or Title Percentage of Ownership	Position or Title	Percentage of Ownership	Position or Title	Percentage of Ownership
Drivers License No. State	Drivers License No.	State	Drivers License No.	State
Home Address	Home Address		Home Address	
City, State, Zip	City, State, Zip		City, State, Zip	
*How Long in Business?			Federal Tax ID#_	
Partnership LLC	Branch		Listed with Dun & Bradstreet]
Corporation Proprietorship	State of Incorporation			
The undersigned hereby unconditionally guarantees to Co a Guaranty of Payment, not of Collection. If there are mo notices, including notice to Guarantor of nonpayment or, Guarantor submits to the jurisdiction of New York and ag Guarantor shall be brought in the Supreme Court of New	ore than one Guarantor, this Guarantor, or proof, or no grees that any action or proceeding	anty shall be joint and several. Gu tice of demand. As a further induc g based upon this agreement, brou	arantor expressly waives any and ement to Colonial Label Systems ight by either Colonial Label Syste	all defenses, as well as any to enter into this agreement,
*Legal Name of Company (Corporate, Partnership or P	roprietorship Name)	*DBA	A Name (Ship To Name)	
*Print Name of Guarantor	Signature		Date	
*Print Name of Guarantor	Signature		Date	
Use of a corpor	rate title shall in no way limit the	personal liability of the personal gu	uarantee signatory	

^{*}Please mail completed application to: Colonial Label Systems • 50 L Corbin Ave • Bay Shore, NY 11706

IMPORTANT: SALES TAX EXEMPTION

By law, Colonial Label Systems must charge sales tax if a valid resale certificate is not completed and returned to us. To be considered valid certificate must indicate your resale certificate number and must be signed.

Please furnish us the information listed below for one bank reference and three supplier references. *BANK NAME					
Bank Name	Phone No.	Checking Account No.	Balance		
Address	City, State, Zip				
Loan Officer/Contact Person	Phone No.				
	*CREDIT REFERE	NCES			
Supplier Name	Account No.	Phone			
Address					
City	State	Zip			
Supplier Name	Account No.	Phone			
Address					
City	State	Zip			
Supplier Name	Account No.	Phone			
Address					
City	State	Zip			
Supplier Name	Account No.	Phone			
Address					
City	State	Zip			
APPLICANT'S SIGNATURE below authorizes the behavior the information necessary to assist in establishing a	ank and supplier references listed above to release line of credit.	*PLEASE MAIL	ORIGINAL TO:		
			ABEL SYSTEMS IN AVENUE		
*Authorized Officer's Signature	*Date	BAY SHOR	E, NY 11706 00) 522-3539		
*Authorized Officer's Printed Name	*Title		@clslabel.com		

The Equal Credit Opportunity Act prohibits credit grantors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, martial status, and age (providing the applicant has the capacity to enter into a binding contract.) The federal agency that administers compliance with this law concerning this credit grantor is the Federal Trade Commission. Our payment terms are net 30 days. Past due accounts may be charged interest at a rate of 2% per month and/or have their open account status suspended.