



Credit Application

Application: Business/Corporate Name

Business Street Address

City

State/Zip

Business Telephone No.

Year Established

Fax No.

E-Mail Address

Web Site

Type of Business: ___ Partnership ___ Corporation ___ Sole Proprietor

A/P Contact

Terms Requested

Amount of Credit Requested

References (Please list at least three)

Name	Address	Phone	Fax # (required)

Bank Reference

Name	Acct #	Phone	Fax # (required)

With my signature below, I authorize inquiry of the listed accounts to Hub Labels, Inc.

Signed By

Title

Date

Please fax this form back to 301-790-1795 or email it back to tmiller@hublabels.com and your account manager.