



# Performance Label Company

311 E. 40th Street • Lubbock, TX 79404

1-800-333-2134 • Fax 806-763-5151

## Application for Credit

Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Years in Business \_\_\_\_\_

IF CORPORATION: Social Security Number of President \_\_\_\_\_

President \_\_\_\_\_ Secretary \_\_\_\_\_

Vice-President \_\_\_\_\_ Treasurer \_\_\_\_\_

IF PARTNERSHIP: Social Security Number of Managing Partner \_\_\_\_\_

Partner \_\_\_\_\_ Partner \_\_\_\_\_

IF INDIVIDUAL: Owner's Full Name \_\_\_\_\_ SSN# \_\_\_\_\_

MAJOR TRADE REFERENCES: (Please fill out completely and legibly)

Name \_\_\_\_\_ Account# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_ Account# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_ Account# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_ Account# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_