



# CUSTOMER ACCOUNT SETUP FORM

## OUT OF STATE CUSTOMERS

Please complete Section 1 to set up your customer account. Complete Section 2 if you are applying for terms. Please fax the completed form to our secure fax line (510) 226-6094 or email to [AR@cellotape.com](mailto:AR@cellotape.com)

### **Section 1. Contact Information**

Business Name: \_\_\_\_\_ D&B (D-U-N-S): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Business Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Website: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
A/P Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

### **Section 2. Credit Request (Complete if you are applying for terms)**

We request the establishment of a commercial credit account with Cellotape, Inc./ Landmark Label, authorize a credit review of our references and agree to pay invoices within the approved terms.

Owner or Authorized Agent: \_\_\_\_\_  
Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

### **US Trade References (Please use your 3 larger volume operational vendors)**

1) Business Name: \_\_\_\_\_ A/R Contact: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
2) Business Name: \_\_\_\_\_ A/R Contact: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
3) Business Name: \_\_\_\_\_ A/R Contact: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_