



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

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: (_____) _____