



Consolidated Label Co. 925 Florida Central Parkway, Longwood, FL 32750  
407-339-2626 1-800-475-2235 Fax 407-339-0149  
Visit us at [www.consolidatedlabel.com](http://www.consolidatedlabel.com)

### NEW ACCOUNT APPLICATION

Company's Legal Name: \_\_\_\_\_

Is there a d/b/a you are operating under? If so, what name \_\_\_\_\_

Dun & Bradstreet # \_\_\_\_\_

*You may also submit four trade references with this application*

Bill to: \_\_\_ Parent \_\_\_ Subsidiary - A Letter of Financial Responsibility may be required from Parent company.

Parent Company Name: (if applicable) \_\_\_\_\_

Parent Company Dun & Bradstreet # \_\_\_\_\_

*Please include Street, City, State and Zip code*

Bill to Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Ship to Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Business phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Years in business \_\_\_\_\_ Type of business \_\_\_\_\_

Initial order \$ \_\_\_\_\_ Estimated yearly order volume \$ \_\_\_\_\_

Consolidated Label Customer Service Representative: \_\_\_\_\_

**IF TAX EXEMPT PLEASE INCLUDE A COPY OF YOUR RESALE CERTIFICATE** \_\_\_ certificate attached for State of \_\_\_

Pres./Owner \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

Accounts Payable \_\_\_\_\_ Phone # \_\_\_\_\_ EXT. \_\_\_\_\_

A/P Email address \_\_\_\_\_

**Please complete this section if paying by credit card:**

\_\_\_ AMEX \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER

Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

All cost of collection will be debtor's responsibility, including a reasonable attorney's fee, should collection through an attorney be necessary. Signature, Title and Date: \_\_\_\_\_