

APPLICATION FOR CREDIT

SWAN LABEL & TAG
P. O. Box 308, 929 Second Avenue
Coraopolis, PA 15108
Credit Terms 1% 10 NET 30 DAYS

JILL CLENDENNING, Credit Manager
(412) 264-9000 PH (412) 264-7259 FAX
Web Address: www.swanlabel.com
1st Order C.O.D. Until Credit is Established

_____	_____
Name	Telephone
_____	_____
Address	Number of Years at This Address
_____	_____
City State Zip Code	Phone To Contact

THE FOLLOWING MUST BE COMPLETED IN FULL - ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE
FOR CORPORATION PARTNERSHIP PROPRIETORSHIP INDIVIDUAL INCORPORATED WITHIN LAST 12 MONTHS

_____	_____	_____	_____	_____
Name (President)	Address	City	State	Zip Code
_____	_____	_____	_____	_____
Name (Secretary)	Address	City	State	Zip Code
_____	_____	_____	_____	_____
Name (Treasurer)	Address	City	State	Zip Code

_____	_____
Bank Name	Telephone
_____	_____
Bank Address	Account Representative
_____	_____
City State Zip Code	

_____	_____	_____	_____	_____
Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____
Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____
Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____
Name	Address	City	State	Zip Code

**I, (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT,
AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS.**

_____	_____	_____
Date	Signature	Signature
	_____	_____
	Title	Title

_____	_____	_____	_____
References Checked By	Date	Credit Approved By	Date
_____	_____	_____	_____
Remarks		Credit Refused By	Date
_____		_____	_____
		Account Opened By	Date
_____		_____	_____
Approved By	Date	Customer Contacted By	Date