



Label Art
1 Riverside Way
PO Box 660
Wilton NH 03086
Phone: 920-866-6300
Fax: 920-866-6485
www.labelart.com

Dear Valued Customer,

Welcome to Label Art and thank you for giving us the opportunity to become your packaging supplier. Our goal is to provide you with the best quality product and service that we can.

In order to do so, we ask that you complete the attached documentation in its entirety. Unfortunately, incomplete information may result in the delay of processing your order and be an inconvenience to you.

Kindly return your completed packet via email to credit@labelart.com, or by fax to 920-866-6510.

Thank you for your prompt cooperation. Again, we appreciate this opportunity and look forward to a very successful business partnership.

Sincerely,

The Label Art Credit Team

Phone: 920-866-6355

Fax: 920-866-6510

Email: credit@labelart.com



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In consideration of credit extended to the applicant, the applicant agrees to the following terms and conditions:

TERMS: Terms are Net 30 days from the date of the invoice unless otherwise noted on the invoice. A service charge of 1.5% monthly, 18% annually is charged on past due accounts.

RETURN POLICY: The applicant will be responsible for products not returned. Return of product must be preapproved.

COLLECTION: In the event any account is placed with a collection agency, attorney for collection or through other legal process, applicant agrees to pay actual collection or attorney's fees, including accrued service charges.
CUSTOMER CONSENTS TO PERSONAL JURISDICTION AND VENUE IN BROWN COUNTY, WISCONSIN.

CREDIT APPLICATION

Failure to complete all items may result in delay and inconvenience

Customer information (must be filled out completely)

State & Year of Origin: _____

Legal Business Name: _____

Federal ID# _____

Doing Business As: _____

Taxable? _____ **If NO, please complete attached Exemption Certificate**

Address: _____

DUNS# _____

Address 2: _____

Web Site Address: _____

City / State / Zip: _____

A/P Name: _____

Phone: _____

A/P Phone No.: _____

Fax: _____

A/P Email: _____

Ownership Information

Type of Business: Sole Proprietorship Partnership Corporation LLC and Other

Are you, a family member, or any of your company's employees also employed by Label Art, Inc.?

Yes No If Yes, please list their name(s) _____

The applicant hereby authorizes the bank to release to Label Art, Inc. all information requested. All information will be kept confidential. The applicant hereby certifies that all statements and representations on the application are true and correct and that he/she has read, understands and agrees to the terms and conditions stated above and on the Label Art website at www.labelart.com

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____



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REFERENCES

(you may attach your standard reference sheet)

Bank Reference

Bank Name: _____

Phone: _____

Address: _____

Fax: _____

Account Number: _____

Contact Email: _____

Supplier Reference

Business Name: _____

Phone: _____

Address: _____

Fax: _____

Contact: _____

Contact Email: _____

Supplier Reference

Business Name: _____

Phone: _____

Address: _____

Fax: _____

Contact: _____

Contact Email: _____

Supplier Reference

Business Name: _____

Phone: _____

Address: _____

Fax: _____

Contact: _____

Contact Email: _____



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ACCOUNT SETUP REQUIREMENTS

INVOICE DELIVERY:

Label Art, Inc. is a Green company and we email all invoices to our customers. Please provide the email address where invoices can be sent:

Email Address: _____

PAYMENT METHODS:

Label Art, Inc. accepts the following forms of payment: (Note: Please include our invoice # and payment amount on all remittances)

- ACH
Funds must be directed to:
US Bank Wisconsin
ABA # 075000022
WS Packaging Group, Inc.
Account # 755701547
Remittance details must be emailed to ach@wspackaging.com

- Wire Transfers
- e-Check
- Company Check
Funds must be mailed to:
WS Packaging
Drawer 706
Milwaukee, WI 53278-0706



SALES TAX EXEMPTION CERTIFICATE

STATE	REGISTRATION #	STATE	REGISTRATION #
ARIZONA		NEW YORK	
CALIFORNIA		OHIO	
GEORGIA		PENNSYLVANIA	
ILLINOIS		SOUTH DAKOTA	
MICHIGAN		TENNESSEE	
MINNESOTA		TEXAS	
NEVADA		WISCONSIN	

DROP SHIPMENTS ~ If we drop ship orders to a 3rd party on your behalf to one of the States listed above, please provide your home state (bill to state) sales tax registration information below to support your organizations non-taxable drop shipment purchases. **Three Exceptions:** 1) **IL** requires our customer to complete a separate blanket sales tax exemption certificate form stating they have no taxable presence. We can provide this IL form if it applies. 2) **NY** requires our customer to complete a NY sales tax exemption certificate as a non-registrant. 3) **CA** requires we obtain this certificate with your home state information AND a California exemption certificate from your customer or co-packer.

HOME STATE	REGISTRATION #

I hereby claim that the use of the tangible personal property purchased, our activity as the purchaser, or both qualifies for exemption as indicated: Resale Government Charitable
 Direct Pay Manufacturing/Production Other _____

Legal Company Name
Doing Business As

Address

City, State & Zip

Phone#	Fax#
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Printed Name	Title
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Authorized Signature: _____ **Date:** _____