Holly Tag & Label, Inc.

1523 Charles Raper Jonas Hwy.
P.O. Box 905
Mount Holly, NC 28120
Phone: (704)827-5060 Fax: (704) 827-1975 email: susan@hollytagandlabel.com

Application for Commercial Credit

Please return fully completed and signed application to Holly Tag & Label, Inc.
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Legal Name & Billing Address:

Name: _____

Address: _____

City: _____State: _____Zip:_____

County: _____ Phone: _____

Fax: _____email: _____

Accounts Payable contact: _____

Type of Business: _____

Legal Ownership: ___Proprietorship___Partnership___Corp.

Ship to Name & Address:

Name: _____

Address: _____

City:_____State:_____Zip:_____

County:_____ Phone:_____

Buyer's Name: _____

Date Established: _____

Federal ID #: _____

P.O. Required: _____Yes _____ No

Is your company tax-exempt from sales tax on purchases from Holly Tag & Label, Inc.? ____Yes ___ No.

Please submit correct state sales tax forms.

Is your company currently under bankruptcy law protection? ____Yes ___ No.

Do you have any liens, judgments or suits pending against your company? ____Yes ____No

Trade References:

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

City: _____ City: _____ City: _____

State: _____Zip:_____ State: _____Zip_____ State: _____Zip: _____

Phone: _____ Phone: _____ Phone: _____

Fax: _____ Fax: _____ Fax: _____

Email:_____ Email: _____ Email:_____

Bank Reference: Name: _____ Address: _____

City: _____State:___ Zip: _____ Phone: _____

Signature:_____ Date:_____