

Date: \_\_\_\_\_

# New Account Application

1901 North Penn Road, Hatfield, PA 19440  
Phone: 215.822.2400 • FAX: 215.997.1275



Years in Business: \_\_\_\_\_

Please type or print clearly.

## Billing Information

## Shipping Information (if different)

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

## Type of Business

Corporation

Partnership

Individual Ownership

If partnership, name partners. If individual ownership, name owner. \_\_\_\_\_

## Bank Reference

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

## Name & Address Of Firms With Whom Currently Doing Business

Firm Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Firm Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Firm Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Title: \_\_\_\_\_

I give approval for Tech Tag & Label to request information on our firm. If credit is not approved, I will be notified.

## FOR OFFICE USE ONLY

Customer #: \_\_\_\_\_ Shipping Code: \_\_\_\_\_

Salesperson: \_\_\_\_\_ Terms Code: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Tax Code: \_\_\_\_\_

Rating: \_\_\_\_\_