



M.E.I. LABELS
 19014 E. Admiral Pl.
 Catoosa, OK 74015
 (918) 258-8321
 (918) 251-6151 fax

Salesperson _____
 Credit Limit _____
 Terms _____
 Approved by _____

New Customer Account Application

FIRM NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

ACCTS. PAYABLE CONTACT: _____

PHONE: _____ FAX: _____

We have been established _____ years. TYPE OF BUSINESS: _____

Our legal entity is: _____ CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP

PRINCIPAL OFFICERS:

NAME	ADDRESS	TITLE/S.S.N.
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK REFERENCE: _____

BANK NAME	ADDRESS
_____	_____

ACCT. NAME	ACCT. NO.	OFFICER	PHONE NO.
_____	_____	_____	_____

ACCT. NAME	ACCT. NO.	OFFICER	PHONE NO.
_____	_____	_____	_____

NAME, STREET ADDRESS & ZIP CODES OF FOUR (4) PRINCIPAL SUPPLIERS:

(1) _____
NAME PHONE NO.

ADDRESS

CITY STATE ZIP

CONTACT ACCOUNT NO.

FAX NUMBER

(2) _____
NAME PHONE NO.

ADDRESS

CITY STATE ZIP

CONTACT ACCOUNT NO.

FAX NUMBER

(3) _____
NAME PHONE NO.

ADDRESS

CITY STATE ZIP

CONTACT ACCOUNT NO.

FAX NUMBER

(4) _____
NAME PHONE NO.

ADDRESS

CITY STATE ZIP

CONTACT ACCOUNT NO.

FAX NUMBER



The undersigned purchaser agrees to pay in the event this account becomes delinquent and is turned over to an attorney for collection, reasonable attorney's fees plus all court and collections costs. M.E.I. Labels reserves the right to hold orders if account goes 15 days beyond terms. Official terms are net 30.

The undersigned purchaser authorizes release of any information necessary to establish credit with M.E.I. Labels. The above information is complete and accurate to the best of my knowledge.

SIGNATURE _____ DATE _____

TITLE _____

IS YOUR ORGANIZATION TAX EXEMPT? _____ YES _____ NO

TAX EXEMPT NO. _____ STATE _____

IF YES, PLEASE INCLUDE COPY OF CERTIFICATE.