

HALAMAY COLOR LAB, INC.
2008 S. MAIN STREET
AKRON, OH 44301
330-773-4216
Fax: 330-773-4360

CONFIDENTIAL CREDIT APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Fax: _____ Email: _____

IN BUSINESS SINCE: _____ TYPE OF BUSINESS: CORPORATION PARTNERSHIP INDIVIDUAL OWNER

FEDERAL ID NO. _____ VENDORS NO. _____

OWNERS OR OFFICERS:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

AUTHORIZED PURCHASER(S):

NAME: _____ TITLE: _____

PURCHASE ORDER REQUIRED: YES NO

FINANCIAL:

BANK NAME: _____ TELEPHONE: _____

BANK ADDRESS: _____ CHECKING SAVINGS

REFERENCES:

NAME: _____ ADDRESS: _____ TELEPHONE: _____

NAME: _____ ADDRESS: _____ TELEPHONE: _____

We certify that all the information on this form is correct. We fully understand the credit terms and agree to the proper payment in consideration of extended credit.

SIGNED: _____ TITLE: _____ DATE: _____

SIGNED: _____ TITLE: _____ DATE: _____