

HALAMAY ROES ACCOUNT APPLICATION

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

CONFIDENTIAL 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:

COD: *Open Account: *Credit Card:

**Please contact the lab regarding credit applications.*

We certify that all the information on this form is correct.

SIGNED: _____ TITLE: _____

DATE: _____