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APPLICATION FOR OPEN CREDIT

This form can be returned to us in either of two ways:

1. Print it, fill it out, sign it, and fax it to us at 678 945-5185.
2. In Adobe Reader, click in the form fields below, enter the appropriate information, save it, and email to Credit@newdimensionlabels.com.

Company Name _____

Principal's Name _____

Federal Tax ID _____

Tax Exemption # _____ State _____

Street Address _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Mailing Address _____

Years in Business _____ No. of Employees _____

BANK REFERENCE

Name _____

Address _____

City _____

Account No. _____

TRADE REFERENCES

Name _____

Address _____

Phone _____

Fax _____

Name _____

Address _____

Phone _____

Fax _____

Name _____

Address _____

Phone _____

Fax _____

Name _____

Title _____

Email _____

Date _____

Signature 