

DWS Printing Associates, Inc. Label + Packaging Specialists

89 North Industry Court - Deer Park, New York 11729 631.667.6666 – hello@dwsprinting.com

CLIENT INFORMATION FORM

| Company Name: | | |
|--------------------------------------|----------|-----------|
| Primary Contact: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | |
| Email: | | |
| | | |
| DWS Sales Representative: | | |
| How long has your company been in bo | usiness? | |
| Federal ID#: | | |
| | | |
| Accounts Payable Contact: | | |
| Phone Number + Extension: | | |
| Email: | | |
| | | |
| Bill to Address: | | |
| City: | State: | Zip Code: |

| Ship to Address: | | |
|------------------|--------------------------|-----------|
| City: | State: | Zip Code: |
| | Bank Reference | |
| Bank Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | |
| Contact Name: | | |
| | Current Trade References | |
| | Current Trade References | |
| Company Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | |
| Contact Name: | | |
| Company Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | |
| Contact Name: | | |

| Company Name: | | | _ |
|------------------|-------------|-----------|---|
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Fax: | | _ |
| Contact Name: | | | _ |
| | | | |
| Name / Title | Date | | _ |

Submit to Christina at christina@dwsprinting.com.

Please feel free to contact Christina Trivelli in our Accounts Receivable Department with any questions at christina@dwsprinting.com or 631.666.6667 ext. 100