PrivateLabel

CLIENT PROFILE

Company Name: _____ Years in Business: _____

Address: _____ Phone: _____

City, State, Zip: _____

Purchasing Contact: _____ Email: _____

The following information must be provided and will be held in the strictest confidence.

OWNERSHIP

Check one: Corporation ❑ Partnership ❑ Individual ❑

Name(s) of Principal(s)	Complete Address	Area Code	Phone
1.			
2.			
3.			

Duns# _____ Federal Tax ID# _____ Social Security # _____

BANK REFERENCE

Bank _____ Bank Address _____

Bank Officer/Contact _____ Account Number _____ Area Code _____ Phone _____

TRADE REFERENCES

Business Name	Complete Address	Zip	Area Code	Phone
1.				
2.				
3.				

We certify that all the information is correct. We acknowledge terms, if approved, will be NET 30 days on balance after deposit. We agree to pay 1.5% CREDIT SERVICE FEE ON ALL PAST DUE BALANCES subject to a $10 minimum. We also agree to pay all collection charges, attorney fees, court costs, etc., if account becomes delinquent and third party collection becomes necessary. We hereby authorize Buchanan Group/Private Label Products to verify our credit history with our references.

X _____ _____ _____

Signature Title Date

_____

Printed Name

Complete and return by fax to: Buchanan Private Label 317-899-7101