

New Customer Packet (Credit Card Only)

Section 1 – Company Information

Company Name _____ Parent Company Name _____
 Address 1 _____ City _____
 Address 2 _____ State _____ Zip Code _____
 Phone Number _____ Fax Number _____
 Main Contact _____ Title _____
 Alternate Contact _____ Title _____
 *A/P Contact _____ *A/P Phone Number _____
 *A/P Fax Number _____ *A/P Email _____
 The Business Established (MM/YY) _____ Federal Tax ID # _____
 Re-Seller # (If applicable, must provide copy of certificate. If not, tax will be applied): _____
 Customer Tax Rule: Distributor (Tax on Plates/Tooling, but not Labels) Broker (No Tax on anything)
 No Resale (Tax on everything) Out of State (Must pay tax on Plates/Tooling)

If you are Exempt from certain taxes please specify: _____

By signing below, the Customer acknowledges that it has accessed, read and understands the Terms and Conditions of Sale, found at <https://adcraftlabels.com/terms-conditions-of-sale>, which are incorporated herein by reference. Customer agrees to be bound by the Terms and Conditions of Sale.

Signature _____ Date (MM/DD/YY) _____
Must be an Officer of Company
 Title _____

Required Signature

Section 2 – Billing Information (If the Billing address is the same as the Company Address above, please check the box below.)

Same as Company Address * All invoice(s) will be sent via E-Mail to the A/P Contact provided above.
 Address 1 _____ City _____
 Address 2 _____ State _____ Zip Code _____
 Phone Number _____ Fax Number _____

Purchase Order Required? Yes No (An Adcraft Products' order confirmation, signed by an appropriate representative, will be used in lieu of purchase order.)

Cardholder Name: (Please Print) _____ Personal Card Business Card

Company Name: _____

Type of Card (Please note that there is a 3% processing fee): Visa Master Card American Express.

Card Number: _____ - _____ - _____ - _____ Exp. Date: ____ / ____ Security Code: _____

The Section below is to be completed by Cardholder

Authorization to charge card:
 I _____ Agent from Company: _____
Print Name as on card
 hereby authorize Adcraft Labels to charge the above credit card in the amount of:
 \$ _____ which may be for Pre-Payment, Full Payment or Final Payment of Orders authorized by me.
 I accept the before mentioned amount as due and payable to Adcraft Labels for Custom Products Manufactured to my specs and ordered by me shown on Adcraft Labels order confirmation.
 X _____
Card Holder Authorization Signature
 Please Sign and Fax Back to
714-999-5577

Required Signature