



ACCOUNT SETUP & CREDIT APPLICATION

Diversified Labeling Solutions
1285 Hamilton Parkway
Itasca, IL 60143
Phone: (630) 625-1225; Ext. 157
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Email: AR@teamdls.com

Thank you for working with Diversified Labeling Solutions, Inc. Please complete the information below and email or fax it together with your credit references.

ACCOUNT INFORMATION

Company Name: _____ Billing Contact: _____

Billing Address: _____

Telephone: _____ Fax: _____

Email: _____ Person Completing Form: _____

Who should receive company updates from Diversified?

Name: _____ Title: _____

Email: _____ Phone Number: _____

Are you a member of a distributor group? (If yes, please provide name): _____

CREDIT INFORMATION

We will also need a copy of your resale or tax exemption certificate to process your credit application.

Duns #: _____ Years in Business: _____

Bank Name: _____

Address: _____

Telephone: _____ Fax: _____

Account #: _____ Contact: _____

Please supply at least three (3) trade references with addresses, phone and email addresses.

Trade Reference #1: _____

Trade Reference #2: _____

Trade Reference #3: _____

Signature and title of company officer authorizing your bank to supply us with pertinent information.

Signature: _____ Printed Name: _____

Title: _____ Date: _____

Clear Form

Print Form

Submit Form