



Diversified Labeling Solutions, Inc.  
1285 Hamilton Parkway  
Itasca, IL 60143  
Phone: (630) 625-1225; Ext. 131  
Accounting Fax: (630) 773-3425  
Email: [credit@teamdls.com](mailto:credit@teamdls.com)

Thank you for taking an interest in Diversified Labeling Solutions, Inc. Please complete the information below and email or fax it together with your credit references to (630) 773-3425.

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

Company Name: \_\_\_\_\_ Billing Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_

How would you like to receive invoices?     Email     Fax     Mail

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): \_\_\_\_\_

Duns #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

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

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: \_\_\_\_\_