



Lightning Labels Credit Application

Company Name: _____ Federal Tax ID: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____
Principal Officers: _____
Year Established: _____ No. of Employees: _____ DUNS Number: _____
Please indicate credit limit being sought: \$ _____

CREDIT REFERENCES

Bank: _____ Account Number: _____
Street Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____

Company Name: _____ Phone Number: _____
Contact Name: _____ Fax Number: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Company Name: _____ Phone Number: _____
Contact Name: _____ Fax Number: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Please fax to (303) 695 0441