



APPLICATION FOR CREDIT
(Print or Type)

Full Business Name:
Trade Name(s):
Mailing Address:
Shipping Address:
Phone #: Fax #: Requested Credit Limit:
Corporation Partnership Proprietorship Other (explain)
State Incorporated: Year: Fed. ID#: Sales Tax Exempt:
Name & Address of Paren Company:

BANK REFERENCES

Name of Bank: Phone: ()
Address:
Type of Account: Account #:
Exact Name on Account:

VENDOR REFERENCES

1. Name: Address: City: St Zip Phone: Fax:
2. Name: Address: City: St Zip Phone: Fax:
3. Name: Address: City: St Zip Phone: Fax:
4. Name: Address: City: St Zip Phone: Fax:

Liberty Marking Systems Inc.'s terms are Net 30 days. FOB Cincinnati, OH.
Tax Exempt Certificate must accompany this application.

The information provided to Liberty Marking Systems Inc. on this application by the applicant is warranted to be accurate, complete and true.
Liberty Marking is authorized to investigate the applicants credit history and to answer questions about its credit experience with this applicant.
In the event that nay invoice now or hereafter due and owing by buyer to Liberty is not paid when due and Liberty is required to retain an attorney to obtain payment of any invoice, Buyer shall be liable for all reasonable attorney's and/or collection agency fees incurred in connection therewith. Venue in any litigation that occurs, shall-be in the county of creditor's principal place of business.

Print Name:
(Authorized Signature)
Title: Date:

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