



Dear Valued Customer,

Welcome to Matrix Label Systems, Inc. and thank you for giving us the opportunity to become your label and continuous tag supplier. We look forward to working with you and providing you with innovative solutions to all of your label and tag needs.

If you have not done so, please take the time to complete and return the following credit application. Please include your trade references with the application. **Be sure that the application is filled out completely and signed on the buyer's signature line on the lower section of the form.** An incomplete form may result in a delay of processing.

The completed application and trade references should be returned via fax to (317) 839-8496 or by US mail to Matrix Label Systems, Inc., 4692 S. County Road 600 E., Plainfield, IN 46168.

If you have any questions, please do not hesitate to call at (800) 962-7256. Thank you for your cooperation. Again, we appreciate this opportunity and look forward to a very successful business partnership.

Sincerely,

Melanie Rhine

Melanie Rhine
Accounting Manager
Matrix Label Systems, Inc.



4692 S. County Road 600 E.
Plainfield, IN 46168
P: 800.962.7256
F: 317.839.8496

Please fax to 317-839-8496

For the purpose of establishing open account privileges, the undersigned furnishes the following information.

CREDIT APPLICATION

Failure to complete all items may result in delay and inconvenience

Customer Information (must be filled out completely)

Legal Company Name: _____
Doing Business As: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Fax: _____
Year Established: _____

State of Incorporation: _____
Federal Tax ID# _____
State Resale # _____
Web Site Address: _____
Sales Manager: _____
Purchasing Manager: _____
A/P Manager: _____
A/P Phone No.: _____
A/P Email: _____

Indiana Tax Exempt? Yes No

How would you like to receive invoices? Fax Email

Note: If tax exempt in the state of Indiana, you must provide us with an ST-105. All accounts will be subject to Indiana sales tax, unless product is shipped out of state.

Principal Business Activity: _____

Ownership Information

Type of Business: Corporation Proprietorship Partnership Ltd. Partnership Individual

Business operated from: Commercial Building Home

Do you own or rent your facility: Own Rent How long have you been at your present address: _____ yrs

Names of Owners, Partners, or Officers

Name	Title	Home Address	Home Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank Information

Name and Address of your Bank: _____

Account No: _____ Phone No: _____ Contact: _____

Is the buyer currently or has the buyer filed a Voluntary or had an Involuntary Insolvency Proceeding filed against it within the last 14 years?

Yes No

Is the buyer currently party to any lawsuit, or are there any outstanding judgements against the buyer? Yes No

If the answer is yes to either question, please explain on a separate sheet.

Terms and Conditions: Net 30 Days

It is agreed that the buyer will pay all invoices in accordance with stated terms and interest will be assessed on delinquent accounts at the rate of 1.5% per month (18% A.P.R.), together with any court costs, attorney's fees and costs of collection the seller may incur in enforcing the terms of this agreement. If legal action becomes necessary by either seller or buyer, it is also agreed that this or any contemporaneous or subsequent agreement will be governed as to validity, interpretation, construction, effect, and in all other respects by the laws of the State of Indiana.

The buyer further grants the seller a security interest in the buyer's equipment, contract rights, inventories, receivables, and proceeds of sales as collateral to secure the buyer's performance of all obligations. The buyer further authorizes the seller to file a financing statement without buyer's signature.

For the purpose of establishing open account privileges the undersigned furnishes the above information. The undersigned authorizes the seller to obtain credit information from suppliers and bankers.

Buyer's Signature

Title

Date

We require a signed original for our files, and all information must be completed for consideration.

Trade References (We must have at least three Trade References to process for Open Account Privileges)

Note: Email addresses must be provided for all references.

Reference 1

Business Name: _____ Phone: _____
Address: _____ Contact: _____
City: _____ Contact Email: _____
State: _____
Zip: _____

Reference 2

Business Name: _____ Phone: _____
Address: _____ Contact: _____
City: _____ Contact Email: _____
State: _____
Zip: _____

Reference 3

Business Name: _____ Phone: _____
Address: _____ Contact: _____
City: _____ Contact Email: _____
State: _____
Zip: _____

Reference 4

Business Name: _____ Phone: _____
Address: _____ Contact: _____
City: _____ Contact Email: _____
State: _____
Zip: _____

Reference 5

Business Name: _____ Phone: _____
Address: _____ Contact: _____
City: _____ Contact Email: _____
State: _____
Zip: _____

Reference 6

Business Name: _____ Phone: _____
Address: _____ Contact: _____
City: _____ Contact Email: _____
State: _____
Zip: _____
