



Gallas Label & Decal
 6559 North Avondale Avenue
 Chicago, Illinois 60631
 773.775.1000
 info@GallasLabel.com
 GallasLabel.com
 ISO 9001: 2015 Certified

CREDIT APPLICATION

Credit Application

PLEASE RUSH — ORDER PENDING

Please complete in full (type or print):

Date: _____ Maximum Credit Request: _____

Name of Business: _____

Phone: _____

Fax: _____

Address: _____

City/State/Zip Code: _____

Name of Officers/Owners: _____

Kind of Business: _____

Year Established: _____

Incorporated Partnership Sole Proprietor

Resale Certificate Tax-Exempt Certificate

Bank References:

1. Savings Account Number:

Name: _____

Address _____

City/State/Zip _____

2. Checking Account Number:

Name: _____

Address: _____

City/State/Zip _____

PP_020_F_020_CRDT_APP_050824

Business References:

1. Name and years doing business:

Contact/Phone _____ Fax/E-mail _____

Address/City/State/Zip: _____

2. Name and years doing business:

Contact/Phone _____ Fax/E-mail _____

Address/City/State/Zip: _____

3. Name and years doing business:

Contact/Phone _____ Fax/E-mail _____

Address/City/State/Zip: _____

Illinois state tax (10.25%) is charged on material when exemption certificate is not furnished. Overruns and shortages will be billed according to industry standards of 10%. A delinquency charge of 1.5 % per month (annual percentage rate of 18%) will be added to amount unpaid after 30 days. Purchaser will be liable for all costs and expenses, including attorney's fees, incurred by Gallas Label & Decal, Inc. in collection of past due accounts.

Accepted by: _____

Signature: _____

Title _____ Date Accepted: _____

Please fax this Credit Application to:
Accounts Receivable at 773.775.1001