



151-15 West Industry Court – Deer Park, NY 11729 – 631-242-4240 – Outside NY 800-472-5753

PLEASE NOTE!! ALL FIRST TIME ORDERS SHIP PRE-PAID OR COD. ARRANGEMENTS FOR PRE-PAYMENT CAN BE MADE WITH YOUR CSR OR WITH ACCOUNTING (accounting@overnightlabels.com) WHEN THE ORDER IS READY TO SHIP.

NEW CUSTOMER FORM

Please fill out top half in order to enter you into our customer data system correctly

Company Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Check One: Corporation  Partnership  Individual

Principal or Owner \_\_\_\_\_ A/P Contact \_\_\_\_\_

Tax ID# \_\_\_\_\_ A/P Phone (\_\_\_\_\_) \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Bank Phone (\_\_\_\_\_) \_\_\_\_\_ Account # \_\_\_\_\_

TO ESTABLISH A CREDIT LINE - list 3 trade references where you have an established credit line:

Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

I understand that your terms are net 30 days, and agree to abide by them.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Guarantee: I, undersigned, do hereby guarantee payment, as an individual, of any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all of its terms and conditions.

Guarantor: \_\_\_\_\_

Officer Authorized Signature Print Name Date

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