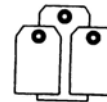


# NEW ACCOUNT INFORMATION



513-752-4311  
1-800-752-5765

Nationwide & State of Ohio

P.O. Box 541207 CINCINNATI, OH 45254

FAX  
513-752-3875

Thank you for your interest in our company. In order to have an accurate record of your organization for credit purposes, we request that you complete and return this form to us.

**INFORMATION MUST BE COMPLETED IN FULL AND WILL BE HELD IN STRICTEST CONFIDENCE.**

Firm Name or Individual _____	Telephone _____	Fax No. _____	Date _____
Street Address _____	LEGAL ENTITY OF FIRM <input type="checkbox"/> Individual <input type="checkbox"/> Corporation/State <input type="checkbox"/> Partnership		TYPE OF BUSINESS <input type="checkbox"/> Label Co. <input type="checkbox"/> Comm. Printer <input type="checkbox"/> Forms Dealer / Mfg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Paper House <input type="checkbox"/> Office Supply
City - State - Zip _____			

THE OWNERS, OR, IF A CORPORATION, THE OFFICERS ARE:			
TITLE	NAME	ADDRESS	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____

<b>FINANCE</b> Bank/Branch/Location _____ Person To Contact _____ Telephone _____ Acct. Name Under _____ <input type="checkbox"/> Firm <input type="checkbox"/> Individual (Identify) _____	How Long In Business _____ At This Location _____ D&B Rating _____
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3 CREDIT REFERENCES YOU HAVE USED DURING THE LAST YEAR	
Name of Company	FAX NUMBER OR Street Address / City / State / Zip

Other Information Or Remarks	

— STATEMENT OF POLICY —

Orders from new accounts will not be processed unless accompanied or preceded by the above information. We must have payment with orders or shipped C.O.D. until credit is approved. In the event of default, customer agrees to pay Hawks Tag the amount past due, service carry charge if any plus attorney and/or collection cost.

IS FIRST ORDER ATTACHED? _____	ARE PRODUCTS PURCHASED FOR RESALE? _____	RESALE TAX NO. _____
YES <input type="checkbox"/> AMOUNT \$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATE _____
NO <input type="checkbox"/>		

I hereby authorize the above-listed credit references to release any information necessary to assist in establishing a line of credit.

_____ Authorized Signature	_____ Title	_____ Date
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FOR HAWKS CREDIT DEPT. ONLY	
<input type="checkbox"/> Credit O.K.'d    Date of Approval _____ by _____	<input type="checkbox"/> Credit Refused - Reason _____