

HALAMAY ROES ACCOUNT APPLICATION

HALAMAY COLOR LAB, INC.  
2008 S. MAIN STREET  
AKRON, OH 44301  
330-773-4216  
Fax: 330-773-4360

**CONFIDENTIAL APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

IN BUSINESS SINCE: \_\_\_\_\_

TYPE OF BUSINESS:  CORPORATION  PARTNERSHIP  INDIVIDUAL OWNER

FEDERAL ID NO. \_\_\_\_\_ VENDORS NO. \_\_\_\_\_

***OWNERS OR OFFICERS:***

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

***AUTHORIZED PURCHASER(S):***

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PURCHASE ORDER REQUIRED:  YES  NO

***FINANCIAL:***

COD:  \*Open Account:  \*Credit Card:

*\*Please contact the lab regarding credit applications.*

We certify that all the information on this form is correct.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_