

Vendor Name #2: _____
Contact Name: _____ Phone: _____ Fax: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

Vendor Name #3: _____
Contact Name: _____ Phone: _____ Fax: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

Vendor Name #4: _____
Contact Name: _____ Phone: _____ Fax: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

Please indicate the number of days you will require to process payment of our invoices: _____

Permission is hereby granted Holly Label Company, Inc. to contact the herein listed references for verification:

Authorized Signature

Title

Date