



SINCE 1865

DWS Printing Associates, Inc.  
Label + Packaging Specialists

89 North Industry Court - Deer Park, New York 11729  
631.667.6666 – hello@dwsprinting.com

### CLIENT INFORMATION FORM

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

Primary Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

DWS Sales Representative: \_\_\_\_\_

How long has your company been in business? \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone Number + Extension: \_\_\_\_\_

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

Bill to Address: \_\_\_\_\_

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

Ship to Address: \_\_\_\_\_

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

### **Bank Reference**

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### **Current Trade References**

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

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

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

Phone: \_\_\_\_\_ E-mail (Required) \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ E-mail (Required) \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ E-mail (Required) \_\_\_\_\_

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

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Name / Title

Date

Submit to Christina at [christina@dwsprinting.com](mailto:christina@dwsprinting.com).

Please feel free to contact Christina Trivelli in our Accounts Receivable Department with any questions at [christina@dwsprinting.com](mailto:christina@dwsprinting.com) or 631.666.6667 ext. 100