



COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Name of Owner: _____ Phone: _____

Bank: _____ Phone: _____

Contact Person: _____ Phone: _____

Tax Exempt Number or FIN: _____ Credit Limit Requested _____

CREDIT REFERENCES

*Please include fax numbers of references.

1. _____

Address: _____

City/State: _____

Phone: _____

*Fax: _____

2. _____

Address: _____

City/State: _____

Phone: _____

*Fax: _____

3. _____

Address: _____

City/State: _____

Phone: _____

*Fax: _____

4. _____

Address: _____

City/State: _____

Phone: _____

*Fax: _____

Signed: _____

Date: _____

Please note: Once your credit references have been checked, you will receive written confirmation as to whether or not a credit line has been established for your company. Until that time, all orders will need to be paid in cash/check. Thank you.

CGH/Date: _____