



Credit Reference Form

Facility Name: _____

Contact Name & Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Fax # _____

PLEASE CHECK ONE: Corporation Partnership Non-profit Organization Individual sole proprietor

Name of Principals of Your Organization

President _____

Director of Purchasing _____

Financial Officer _____

Accounts Payable Person Responsible for Payment of Invoices:

Name _____

Phone _____ Ext. _____

Trade References:

(1) Vendor Name & Contact Name: _____ Phone: _____

Vendor Address: _____ Fax: _____

(2) Vendor Name & Contact Name: _____ Phone: _____

Vendor Address: _____ Fax: _____

(3) Vendor Name & Contact Name: _____ Phone: _____

Vendor Address: _____ Fax: _____

Bank References: _____

Bank Name and Address: _____

Officer we may contact: _____ Phone: _____

Account No. _____ Type: _____

Terms of Sale: Net 30 Days

Authorization to release information

I hereby authorize our bank and/or trade references to release any information necessary to assist in establishing a line of credit.

 Signature Title Date

Form 4.3.6 DCN A-07902, B-02808



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