



CREDIT REQUEST INFORMATION SHEET

CREDIT LIMIT REQUESTED: _____ DATE: _____

COMPANY'S NAME & BILLING ADDRESS:

PHONE#: _____
FAX#: _____
EIN#: _____

PLEASE CHECK ONE: ___ CORPORATION ___ PATNERSHIP ___ LLC

PRINCIPALS:

NAME	ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

MANAGER OF ACCOUNTS PAYABLE: _____ PHONE#: _____

TRADE REFERENCES: (NAME, ADDRESS, PHONE & FAX NUMBERS, CONTACT, ACCOUNT NUMBER)

1. _____ 2. _____

3. _____ 4. _____

BANK REFERENCE: (NAME, ADDRESS, PHONE & FAX NUMBERS, CONTACT NAME, ACCOUNT NUMBER)

THIS APPLICATION HAS BEEN COMPLETED FOR THE PURPOSE OF OBTAINING CREDIT IT IS CERTIFIED THAT ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT IT IS AGREED THAT CREDIT INQUIRIES MAY BE MADE AND AUTHORIZATION'S HEREBY GIVEN FOR THE RELEASE OF SUCH INFORMATION.

OFFICER'S / OWNER SIGNATURE

DATE