

CREDIT REFERENCE REQUEST



TO COMPANY _____ FAX _____

THE FOLLOWING COMPANY HAS LISTED YOU AS A REFERENCE ON OUR DEALER APPLICATION. WE WOULD APPRECIATE YOUR COOPERATION IN COMPLETING THIS FORM AND RETURNING IT TO US VIA FAX.

COMPANY REFERRED TO _____
ADDRESS _____ TELEPHONE _____
CITY / STATE / ZIP _____ FAX _____

REFERRAL

DATE ACCOUNT OPENED _____
TERMS COD-CASH COD-COMPANY CHECK PREPAY NET _____ DAYS
DATE OF LAST ORDER SHIPPED _____
HIGH CREDIT AMOUNT WITHIN LAST SIX MONTHS _____
CURRENT BALANCE _____ PAST DUE _____ AVG DAYS TO PAY _____
FREQUENCY OF ORDERS WEEKLY MONTHLY LESS OFTEN
HAVE THEY EVER ISSUED AN NSF CHECK? _____ IF YES, NUMBER? _____
HAVE THE EVER REFUSED AN ORDER? _____ IF YES, REASON? _____
ANY ADDITIONAL COMMENTS OR INFORMATION? _____

WE WILL MAINTAIN THIS INFORMATION IN THE STRICTEST CONFIDENCE. THANK YOU VERY MUCH.

PRINT NAME _____ SIGNATURE _____
TITLE _____ DATE _____

PLEASE FAX TO (415) 822 1741

ATTENTION _____