



CUSTOMER CREDIT INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail _____ Fax _____

Please Check: Individual _____ Partnership _____ Corporation _____ State _____

In Business Since: _____

Incorporated _____

PRINCIPALS:

Name _____ Title _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____ Phone _____

COMMERCIAL REFERENCES:

NAME	PERSON TO CONTACT	TELEPHONE
_____	_____	_____
_____	_____	_____

BANK:

Please Check:

Name _____ Checking _____ Loan _____ Savings _____

Address _____
Branch _____

Person To Contact _____ Phone _____

YOU ARE HEREBY AUTHORIZED TO REQUEST ALL NECESSARY CREDIT INFORMATION FROM THE REFERENCES GIVEN ON THIS CREDIT APPLICATION TO ASSIST IN YOUR EXTENSION OF CREDIT TO THE UNDERSIGNED.

THE SAID PERSONS AND/OR COMPANIES ARE HEREBY AUTHORIZED AND DIRECTED TO RELEASE SUCH INFORMATION TO YOU UPON REQUEST.

Date

SIGNATURE

NAME / POSITION