

BUSINESS NAME:			PHONE:	
EMAIL ADDRESS			FAX:	
ADDRESS:	(STREET)			
			(STATE)	(ZIP CODE)
SHIPPING ADDRESS: _	(STREET)	(CITY)	(STATE)	(ZIP CODE)
RESALE #:		FEDE	RAL TAX ID#:	
DUNN & BRADSTREET	-#			
TYPE OF BUSINESS: _			YEARS IN BUSINESS:	
ACCOUNTS PAYABLE (	CONTACT:		<u> </u>	
PRINCIPAL:				
	(NAME)		(TITLE)	
PRINCIPAL:	(NAME)		(TITLE)	
TRADE REFERENCES	<i>s</i>			
COMPANY:			PHONE:	
ADDRESS:			FAX:	
			ACCT. #:	
CONTACT:				
COMPANY:			PHONE:	
ADDRESS:			FAX:	
			ACCT. #:	
CONTACT:				
COMPANY:			PHONE:	
ADDRESS:			FAX:	
			ACCT. #:	
CONTACT:				



BANK REFERENCE:	[ ] Checking	[ ] Loan	[ ] Saving	
BANK:		PHONE:		
ADDRESS:		ACCT. #:		
Jinpaid balance as allow  The undersigned as an	ved by state law and any re	ed to collect the unpaid balance asonable attorney's fees incur warrants that the information aces listed above.	red.	ct
(NAME)		(TITLE	<del>(</del> )	
(NAME)		(TITLE	<del></del>	



Due to the tightening of regulations in the divulging of credit information, banks are now requiring written authorization from their depositor for release of any information in regard to their account.

Please fill out this form and return it with your credit application.
DATE:
I give my permission for the release of information about my account as required on the attached bank credit reference letter.
SIGNATURE:
ACCOUNT NUMBER(S):



#### **Contact List**

Company Name: _				
Mailing Address: _				
Shipping Address: _	(City)		(State)	(Zip)
_	(City)		(State)	(Zip)
Phone:		Website:		
Fax:	<del></del>	-		
General Manager:				
Phone: _		Fax:		
Email: _				
Sales Manager:				
Phone: _		Fax:		
Email: _				
Purchasing Manager:				
Phone: _		Fax:		
Email: _				
Account Payable Con	tact:			
Phone: _		Fax:		
Email: _				