

Credit (Trade) Reference Request Form

Please complete the following information and fax or mail to us as soon as possible. In order for us to set up your account, this information is necessary. Thank you in advance for your cooperation.

Is your Facility Tax Exempt? Yes No If Yes, please submit Exemption Certificate with this form.

Date: _____

Business Name: _____

Line of Credit Requested: \$ _____

Address: _____

City/State/Zip: _____

For the Past: _____ Years

Shipping Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

D/B/A _____

Federal Tax ID#: _____

Former Business Name: _____

Type of Business: _____

Address: _____

City/State/Zip: _____

Date Established: _____ Years in Business: _____

Mortgage Holder/Landlord: _____

Phone#: _____

Address: _____

City/State/Zip: _____

Does State, County, or City require a License? Yes No If Yes, License #: _____

Ownership: Sole Proprietorship Partnership Corporation

Principle: _____
(Name) (Title) SS#

Principle: _____
(Name) (Title) SS#

Principle: _____
(Name) (Title) SS#

Principle: _____
(Name) (Title) SS#

Trade References (Bank and Credit Card References Do Not Qualify)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____