

CREDIT REFERENCE FORM



CONTACT INFORMATION		BILLING INFORMATION	
CONTACT NAME		CONTACT NAME	
COMPANY NAME		COMPANY NAME	
ADDRESS		ADDRESS	
PHONE		PHONE	
FAX		FAX	
EMAIL		EMAIL	
GENERAL COMPANY INFORMATION			
FEDERAL TAX ID NO.		PRINCIPAL OFFICER	
OTHER ID		TITLE	
LEGAL STRUCTURE <small>select all that apply</small>			
Corporation		LLP	
Partnership		Sole Proprietor	
LLC		Non-Profit	
IN BUSINESS SINCE		TYPE OF BUSINESS	
STATE TAX ID		RESELLER NO.	
BANK REFERENCES			
BANK 1 NAME		BANK 2 NAME	
ACCOUNT NO.		ACCOUNT NO.	
ACCOUNT TYPE		ACCOUNT TYPE	
BANK 1 ADDRESS		BANK 2 ADDRESS	
CONTACT		CONTACT	
FAX		FAX	
PHONE		PHONE	
TRADE REFERENCES			
COMPANY 1		COMPANY 1 ADDRESS	
CONTACT			
PHONE			
FAX		EMAIL	
COMPANY 2		COMPANY 2 ADDRESS	
CONTACT			
PHONE			
FAX		EMAIL	
COMPANY 3		COMPANY 3 ADDRESS	
CONTACT			
PHONE			
FAX		EMAIL	
REFERENCE CHECK CONDUCTED BY		ADDRESS	
COMPANY NAME			
PHONE			
AUTHORIZATION			
<p>The signature below represents and warrants that (a) the party signing below is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. By signing this form, I expressly authorize the company listed above to contact the above references to determine credit worthiness.</p>			
SIGNATURE		DATE	
PRINTED NAME		BUSINESS TITLE	

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