

CREDIT REFERENCE REQUEST

To Company:			Fax:	
_	nd return it to us via	a trade credit referen fax at (863) 226-6284 uestions. Thank you.		-
CUSTOMER REFEREN	ICE:			
Company:				
Address:				
City/State/Zip				
Phone:				
REFERENCE INFORMA	ATION			
Date account opened:		_		
Terms:	[] Net Days	[] COD [] Prepay		
High credit:				
Current balance:				
Amount past due:				
Average days to pay:				
Date of last order:				
Additional comments	or information:			
Signature:				
Print Name:				
Title:				
Date:				