

CONFIDENTIAL CREDIT INQUIRY

Date: _____

In order that we may open a credit account for your firm, you need to provide the information requested below.
All information you provide is completely confidential.

Business Name: _____	Owner/Contact: _____
Billing Address: _____ _____	Shipping Address: _____ _____
Telephone: _____ - _____	FAX: _____ - _____
e-mail address: _____	Years in Business: _____

Bank Name: _____	Account Number: _____
Address: _____ _____	Telephone: _____
	Representative: _____

Please provide us with the names of four companies that you frequently conduct business with.

Business Name: _____	Business Name: _____
Address: _____ _____	Address: _____ _____
Telephone: _____ - _____	Telephone: _____ - _____
FAX: _____ - _____	FAX: _____ - _____

Business Name: _____	Business Name: _____
Address: _____ _____	Address: _____ _____
Telephone: _____ - _____	Telephone: _____ - _____
FAX: _____ - _____	FAX: _____ - _____