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**CREDIT REFERENCE INFORMATION**

Please complete form and e-mail or fax back

Date \_\_\_\_\_

Customer Name \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address / If different from Billing:

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contact List:**

Accounts Payable

Accounts Receivable

Purchasing

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Account Manager \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_

Terms / Conditions Requested \_\_\_\_\_

Please List at least THREE Trade References:

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2.

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3.

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Please provide a copy of your W-9  
NYS customers please provide ST-109

