

CUSTOMER CREDIT INFORMATION

Company Name						
Address						
City	State	_Zip	Phone			
E-Mail			Fax			
Please Check: Individual	Partnership	Corporation	State			
In Business Since:		-				
PRINCIPALS: Name		Title				
Address						
City	State	Zip	P	hone_		
Name		Title				
Address						
City	State	Zip	P	hone_		
COMMERCIAL REFERENCE NAME	PERS	ON TO CONTAC			TELEPHONE	
BANK:			Please Ch			
Name		Checki	ingLo	an	Savings	
Address Branch						
Person To Contact		Phone				
YOU ARE HEREBY AUTHORS THE REFERENCES EXTENSION OF CREDIT T	GIVEN ON THIS	CREDIT APPLIC				
THE SAID PERSONS AND RELEASE SUCH INFORMA				D AN	D DIRECTED TO	
Date		SIGNA	ATURE			
		NAME	/ POSITION			