



Dear Customer:

Our corporation credit policy stipulates that the information requested below be provided prior to the commencement of the service you have requested. Please be assured this information will be held in the strictest confidence.

Name of Business _____

Telephone # _____ Fax # _____

Street address

City _____ State _____ Zip code _____

Year established _____ Federal ID #: _____ Duns #: _____

Check one: Corporation _____ Partnership _____ Sole Proprietor _____

Bank Name _____

Address _____

Contact person _____ Telephone # _____

Type of account: checking _____ savings _____

Account # _____

CREDIT REFERENCES

1. Name _____

Address _____

Phone _____ Fax _____

2. Name _____

Address _____

Phone _____ Fax _____

3. Name _____

Address _____

Phone _____ Fax _____

The information contained within is true and correct to the best of my knowledge. I, the undersigned, guarantee payment of any amount due for services rendered or for contractual obligations.

Signature and title

Date

Credit approved by _____ Date _____

Credit limit per month \$ _____