

CREDIT REFERENCE FORM

COMPANY NAME:		
ADDRESS:		
TELEPHONE:	FAX:	
TYPE OF ORGANIZATION (Check One): Corporation Partnership	Single Proprietorship Others:	
TAX ID NO:	DUN & BRADSTREET NO:	
DATE BUSINESS ESTABLISHED:		
CREDIT TERM FOR: (Check your preference) COD Company/Personal Check	Net 7 days	Net 15 days Net 30 days
	MAIN BANK REFERE	ENCE
BANK NAME:ADDRESS:		
TELEPHONE:	FAX:	
ACCOUNTHOLDER'S NAME:	OUNTHOLDER'S NAME: ACCOUNT #:	
	TRADE REFERENCES	
#1 COMPANY NAME:		
TELEPHONE #:	FAX #:	·
ACCOUNT #:	TERMS:	LIMIT:
#2 COMPANY NAME:		
TELEPHONE #:	FAX #:	
ACCOUNT #:	TERMS:	LIMIT:
#3 COMPANY NAME:		
TELEPHONE #:	FAX #:	
ACCOUNT #:	TERMS:	LIMIT:
I hereby certify that the above information is co	orrect and I authorize BOU	CHARD COOPERAGES to verify the same
SIGNATURE		DATE OF SIGNATURE
PRINTED NAME		TITLE