



CREDIT REFERENCE FORM

Date _____

Name _____

Billing Address _____

City _____ State _____ Zip _____

Accounts Payable Contact Name _____
(Mr., Mrs., Miss, Ms.)

Phone No. _____ Fax No. _____

Number of Years in Business _____ Email _____

C R E D I T R E F E R E N C E S	Name of Bank _____ Branch _____ Phone _____ Bank Acct. # _____		Date Account Opened _____
	Street _____		Average Balance _____ <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> more Figures Figures
	City _____ State _____ Zip _____		Overdrawn Last 6 Months <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supplier's Name _____ Contact _____	How Long A Customer _____	Highest Credit Rating _____ Amount Outstanding _____
	Street _____ Phone _____	Payment Terms _____ Payment Average _____	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> over 60 days
	City _____ State _____ Zip _____	Present Status _____	
	Supplier's Name _____ Contact _____	How Long A Customer _____	Highest Credit Rating _____ Amount Outstanding _____
	Street _____ Phone _____	Payment Terms _____ Payment Average _____	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> over 60 days
	City _____ State _____ Zip _____	Present Status _____	
	Supplier's Name _____ Contact _____	How Long A Customer _____	Highest Credit Rating _____ Amount Outstanding _____
	Street _____ Phone _____	Payment Terms _____ Payment Average _____	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> over 60 days
	City _____ State _____ Zip _____	Present Status _____	

X _____
Signature of Authorized Representative Title

_____ Date
Social Security # / Federal ID #

I hereby certify that everything in this application is true and correct. **Maverick Industrial Services** reserves the right to obtain a current credit report upon receipt of this application.