

## CREDIT REFERENCE REQUEST

TO Company: \_\_\_\_\_ Fax: \_\_\_\_\_

The following customer has listed you as a trade credit reference. We would appreciate it if you would complete this form and return it to us via fax at (270)465-3223. Please contact our Credit Manager at (270) 465-3222 if you have any questions. Thank you.

### CUSTOMER REQUESTING REFERENCE:

Company: VISION CABINET SOURCE

Address: 1401 Roberts Road

City/State/Zip Campbellsville, Ky 42718

Phone: 270-465-3222

### REFERENCE INFORMATION

Date account opened: \_\_\_\_\_

Terms:  Net \_\_\_ Days  COD  Prepay

High credit: \_\_\_\_\_

Current balance: \_\_\_\_\_

Amount past due: \_\_\_\_\_

Average days to pay: \_\_\_\_\_

Date of last order: \_\_\_\_\_

Additional comments or information:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE FAX TO (270) 465-3223**