

TO:

RE:

ATTN: CREDIT DEPARTMENT - The account named above has given your company as a reference in applying for credit. Please complete and return this form to provide us with your experience. Information is for business purposes only and will be held in strict confidence. Thank you for your prompt response!

Sincerely,
Bo Laws

Please complete this form for OPEN ACCOUNTS

Highest Credit (within 1 year) _____
 Now Owes _____
 Past Due _____
 Credit Limit _____
 Terms of Sale _____
 How Long Sold _____
 Date of Last Sale _____

<input type="checkbox"/>	<input type="checkbox"/>
Manner of Payment <input type="checkbox"/>	Status <input type="checkbox"/>
<input type="checkbox"/> Discounts <input type="checkbox"/>	<input type="checkbox"/> W/D <input type="checkbox"/>
<input type="checkbox"/> Prompt <input type="checkbox"/>	<input type="checkbox"/> Jobber <input type="checkbox"/>
<input type="checkbox"/> Slow ____ Days <input type="checkbox"/>	<input type="checkbox"/> Stocking W/D <input type="checkbox"/>
<input type="checkbox"/> Dating <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pays "net" within terms <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Security <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Security Agreement <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal Guarantee <input type="checkbox"/>	<input type="checkbox"/>

Problems <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Makes unjust claims <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes unfair returns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes unearned <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unauthorized deductions <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptly collected <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete this form for COD ACCOUNTS

COD at: Your Choice
 Customer's Choice
Terms: Cash
 Company Check
 Recent High _____
 How Long Sold _____
 Date of Last Sale _____

PROBLEMS <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
NSF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptly Collected <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placed for Collection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: _____

General Information (Complete for all accounts)

\$1,000.00/month or less
 \$5,000.00/month or less
 \$10,000.00/month or less

Do you consider them a good account?

Remarks _____

Authorized Signature

Title/Position

Date