



LEGENDS  
 PO Box 168  
 KIRBYVILLE, MO 65679  
 1-800-634-7547  
 LOCAL: 417-334-3007  
 FAX: 1-417-334-3010  
 customerservice@lipco.biz

**CREDIT REFERENCE SHEET**

\*Trade Name: \_\_\_\_\_ \*Owner Name: \_\_\_\_\_  
 \*Address: \_\_\_\_\_  
 \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
 \*Telephone Number: \_\_\_\_\_ Tax or FEIN No.: *(required for MO businesses)* \_\_\_\_\_  
 Ownership (Please check one): \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
 Number of years at above \_\_\_\_\_ Number of years firm has been in business: \_\_\_\_\_  
 Bank: \_\_\_\_\_ Officer of Dept.: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**REFERENCES: Recent trade references- PLEASE COMPLETE ALL INFORMATION BELOW**

1	*Name: _____ *Address: _____	*Phone: _____ *Fax #: _____ Acct #: _____
2	*Name: _____ *Address: _____	*Phone: _____ *Fax #: _____ Acct #: _____
3	*Name: _____ *Address: _____	*Phone: _____ *Fax #: _____ Acct #: _____
4	*Name: _____ *Address: _____	*Phone: _____ *Fax #: _____ Acct #: _____
5	*Name: _____ *Address: _____	*Phone: _____ *Fax #: _____ Acct #: _____

If C.O.D. is acceptable until credit is approved, please check  **\*REQUIRED INFORMATION**

We certify that the above information is correct and that we fully understand your credit terms. We agree to payment within these terms in consideration for extended credit and agree to pay a 1.5% SERVICE CHARGE per month on any PAST DUE balance. I hereby authorize THE LIPCO GROUP to inquire about our credit standing and grant permission that any information directly or indirectly related to our credit history be given to THE LIPCO GROUP.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_