

# CREDIT REFERENCE SHEET



**Lipco**  
P.O. Box 168  
Kirbyville, MO 65679  
1-800-634-7547  
LOCAL: 334-3007  
FAX: 1-417-334-3010  
customerservice@lipco.biz

Trade Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Tax No. or FEIN# \_\_\_\_\_

Ownership (Please Check One) \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Number of years at above address \_\_\_\_\_

Number of years firm has been in business \_\_\_\_\_

Bank: \_\_\_\_\_ Officer of Dept. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

## REFERENCES: Five Recent Trade References - PLEASE GIVE COMPLETE ADDRESSES

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax# \_\_\_\_\_  
\_\_\_\_\_ Acct# \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax# \_\_\_\_\_  
\_\_\_\_\_ Acct# \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax# \_\_\_\_\_  
\_\_\_\_\_ Acct# \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax# \_\_\_\_\_  
\_\_\_\_\_ Acct# \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax# \_\_\_\_\_  
\_\_\_\_\_ Acct# \_\_\_\_\_

If C.O.D. is acceptable until credit is approved, please check

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 1/2% 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 \_\_\_\_\_