

CREDIT REFERENCE SHEET



Lipco/Missouri
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 or FEIN No. _____

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 _____