Customer				
Address				
City & State	Zip	Phone No.	Fax No)
Company executive who we	may contac	t for financial inform	ation	
Accounts Payable Contact_				
Corporation	Division	Subsidiary	Partnership	Proprietorship
Federal ID Number				
		CREDIT REFER		
Bank Name		Bank Of	ficer	
Address	Account No.			
City & State	Zip	Phone No.	Fax No)
		TRADE SUPPL	LIERS	
Co. Name	Address	C	City, State, Zip	
1				Phone _
				Fax
2				Phone
3				Fax Phone
3				Fax
IMPORTANT - Sales Tax E	Exemption N	umber		
	BANK IN	FORMATION - Re	lease Authorization	
I hereby authorize to the Credit Department of		_ to release informat	ion on the account (s)	of
to the Credit Department of				<u>.</u>
		Signature	e of Company Officer	Title