

CONFIDENTIAL CREDIT INQUIRY/TRADE REFERENCE

FROM:

Elite Bath
7601 SE Wallace Road
Dayton Or 97114
PH 503-864-9040
FAX 503-864-4406

DATE: _____

ATTN: Credit Inquiry Dept..

TO: _____

RE: _____

Trade Creditor/Bank: Your credit experience is requested on the above firm. This information will only be used for credit evaluation purposes and held in strict confidence. **It is understood that you incur no liability in furnishing any credit history or financial information to us on this firm.**

Thank you for your prompt reply.

Sold Since: _____

Date of last sale: _____

Terms of sale: _____

Payment History:

Average Days to Pay _____

COD our request COD own request

NSF Checks?

Security? NO YES If yes, Type: _____

Remarks: _____

By: _____ Title: _____ Date: _____