

CREDIT REFERENCES

YOUR INFORMATION

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact: _____

Phone: _____ Email: _____

Federal Tax ID: _____ Incorporated? _____ Years in Business: _____

Are You Tax Exempt? _____ *if so, please attach certificate*

Please list any liens or suits filed against you: _____

REFERENCES

Bank: _____ Branch: _____ City/State: _____

Bank Contact Name: _____ Phone: _____

Bank Account Number: _____

Vendor 1: _____ Contact: _____ Email: _____

Account: _____ Phone: _____ Fax: _____

Vendor 2: _____ Contact: _____ Email: _____

Account: _____ Phone: _____ Fax: _____

Vendor 3: _____ Contact: _____ Email: _____

Account: _____ Phone: _____ Fax: _____

Vendor 4: _____ Contact: _____ Email: _____

Account: _____ Phone: _____ Fax: _____

AUTHORIZATION

I authorize all persons, investigative agencies, business organizations, companies, corporations and financial institutions to supply BENCO TECHNOLOGIES and/or its agents with any all information concerning our company's credit. I authorize BENCO TECHNOLOGIES, its personnel and/or agents to conduct an interpret interview procedures they believe necessary. I release BENCO TECHNOLOGY, its partners, personnel and agents from any liability and responsibility, damages and claims of any kind whatsoever arising from this investigation of credit and the interview procedures conducted.

Signature: _____ Date: _____

Print Name: _____ Title: _____