

Credit Reference Form



Company Name: _____ **Phone:** _____ **Fax:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Type of Buisness _____ **Length of Time in Business:** _____

Accounts Payable Contact: _____ **Web Site:** _____

Credit References:

1 _____
Company Name: _____ **Contact:** _____ **Phone:** _____ **Fax:** _____

_____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

2 _____
Company Name: _____ **Contact:** _____ **Phone:** _____ **Fax:** _____

_____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

3 _____
Company Name: _____ **Contact:** _____ **Phone:** _____ **Fax:** _____

_____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

I authorize the above stated references to provide SewCat, Inc. with any information regarding their business experience with my company or me

Signature: _____ **Print Name:** _____

Title: _____ **Date:** _____

Please fax completed form to 508.689.4098