



CREDIT REFERENCE INFORMATION

NAME:	
ADDRESS:	
PHONE#:	TAXID#:
TYPE OF BUSINESS: Corporation () <u> </u> Partnership () <u> </u> Other ()	
Years of business at this location:	Previous address if under (3) years:

PRINCIPALS/OFFICERS	
1.	
E-Mail:	
2.	
E-Mail:	
3.	
E-Mail:	

ACCOUNTS PAYABLE CONTACT		
Name:	E-Mail:	Phone:

BANKING INSTITUTION	
Name:	
Contact Information:	

CREDIT REFERENCES PLEASE LIST (3)	
1. Name:	
Address:	
Phone/E-Mail:	Years doing business:
2. Name:	
Address:	
Phone/E-Mail:	Years doing business:
3. Name:	
Address:	
Phone/E-Mail:	Years doing business:

Please return completed form by FAX (716-882-0959) or EMAIL: custserv@zeptometrix.com