



CREDIT REFERENCE FORM

4840 Westfields Blvd Ste 500 Chantilly, VA 20151

Phone (800) 858-3224 Fax: (703) 378-3819 Federal Tax ID#: 20-5497852

Please print or type. All information is required.

Order Information

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Order Contact Name: _____ Title: _____
Ph#: _____ Email Address: _____

Accounts Payable Information

Organization Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Accounts Payable Contact Name: _____ Title: _____
Ph#: _____ Email Address: _____
Fed. ID#: _____ Tax Exempt #: _____
<i>If claiming tax exempt, must include a copy of your Tax Exempt Certificate.</i>

Trade Reference

Company Name: _____ Ph#: _____ ext. _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Acct#: _____

Terms and Conditions

By signing below you are stating that the above information is accurate and that you agree to the following terms and conditions:

A complete credit reference form is needed from all new institutions requesting to be billed. Once the information above has been verified, we will process the purchase order that has been mailed or faxed to us, and a bill will be sent to the institutions with the shipment. In lieu of a purchase order, we will also accept a letter on your organization's letterhead stating the items you would like and their prices.

Institutions have 30 days to either submit payment or return the items.

Print Name

Title

For Internal Purposes Only:

Signature

Date