

Company Name
Street Address
City, State, Zip

Phone:
Fax:
Email:

RE: **Credit Verification**

FAX:

ATTN:

One of your customers has listed you as a credit reference in order to establish a line of credit to purchase our product. Please respond as soon as possible so that we may expedite their order.

Your Customer:

Owner:

Account No.:

Checking Acct: _____

Date account opened: _____

Average Balance: _____

Savings Acct: _____

Date account opened: _____

Average Balance: _____

Credit Line: _____

Available Credit: _____

Payment Trend: Prompt _____ Slow _____ Past Due by _____ days

Comments: _____

Information Supplied by: _____ Title: _____

Thank you for your time and effort. Please be assured your comments will remain confidential.

Name, Credit Department