Company Name Street Address City, State, Zip Phone: Fax: Email:

RE: Credit Verification FAX:

One of your customers would like to become our customer. Please do them a favor by responding to our inquiry as soon as possible. We have an order pending awaiting your reply.

Regarding Your Customer:

Product/Service you provide: _____

Date account opened:	Date of last transaction:
Payment Terms:	

Prepay: _____ Documentary Collection: _____ Letter of Credit _____

Open Account: _____ No. of Days _____

Currency: _____ Credit Limit: _____ Recent High Credit: _____

Present Balance: _____ Amount Past Due: ____ by no. of days _____

Recent Payment Trend: Returned checks? _____ Prompt: _____ Slow _____

Information Supplied by: ______Title: ______

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

Name, Credit Department