

CREDIT REFERENCES

DATE _____

SEND REPLY TO:	SALES REPRESENTATIVE'S NAME <u>Richard Hudson</u> FAX NUMBER: (916)927-4394 SALES OFFICE NAME <u>Walnut Creek</u>
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APPROVAL REQUESTED FOR	1. NAME _____ PERSON CONTACTED _____ ADDRESS _____ TITLE _____ CITY & STATE _____ TYPE OF BUSINESS _____ PHONE _____ ESTIMATE OF ORDER CONSIDERED \$ _____
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BANK REFER- ENCES	1. NAME _____ ACCOUNT # _____ ADDRESS _____ PHONE _____ CITY & STATE _____ CUSTOMER AUTHORIZATION _____ 2. NAME _____ ACCOUNT # _____ ADDRESS _____ PHONE _____ CITY & STATE _____ CUSTOMER AUTHORIZATION _____
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TRADE REFER- ENCES	1. NAME _____ ACCOUNT # _____ ADDRESS _____ PHONE _____ CITY & STATE _____ 2. NAME _____ ACCOUNT # _____ ADDRESS _____ PHONE _____ CITY & STATE _____ 3. NAME _____ ACCOUNT # _____ ADDRESS _____ PHONE _____ CITY & STATE _____ 4. NAME _____ ACCOUNT # _____ ADDRESS _____ PHONE _____ CITY & STATE _____
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OTHER INFOR- MATION	_____ _____ _____ _____
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DATE _____ CUSTOMER'S NAME (PRINT) _____ CUSTOMER'S SIGNATURE _____