



New Account: X

Account Update: _____

PO BOX 6958, BEND OR 97708

PHONE: 541-312-9522

FAX: 541-312-9526

Date: _____

To: _____ ATTN: CREDIT DEPARTMENT

Email: _____

City State

Re: _____

The above concerned has given your name as a reference in connection with their request for a line of credit with our company. If you would complete the information requested below and return to us as soon as possible, it would be greatly appreciated.

Done Business Since: _____

Date of Last Sale: _____

Recent High Credit: _____

Current Balance: _____

Past Due: _____

Terms: _____

Manner of Payment: Disc _____ Prompt _____ Slow _____

Average Days to Pay: _____

Comments: _____

Signature: _____ Date: _____

Any information provided will be kept in the strictest of confidence. We will be glad to reciprocate at any time we can. **PLEASE FAX TO 541-312-9526 or EMAIL: dana@pbfp.net**

Sincerely,

Dana Kintz