



CREDIT REFERENCE REQUEST

Attn: _____

Credit or Accounting Department

Re: Credit Reference

Cust: _____
Customer Name

Address

Address

Phone Number

Our mutual customer, _____, would like to establish a credit line with our company and has listed you as a trade reference. Please help us help our customer by providing the information requested below.

Date account opened _____

Terms _____

High Balance _____

Current Balance _____

Past Due Balance _____ 30 days _____ 60 days _____ 90 days _____

Payment history? Early _____ Prompt _____ Late _____

NSF Checks? Yes _____ No _____

Is the account? Excellent _____ Good _____ Satisfactory _____ Unsatisfactory _____

Comments:

Name: _____ Title _____ Date _____

We appreciate your feedback and thank you for your time. Any information you provide will be kept strictly confidential.

Please email the completed form to Katherine.Mims@tffabrics.com or return via fax at 646-308-9215.