



**KUBINEC  
STRAPPING  
SOLUTIONS** Inc.

## Credit Reference Form

**Facility Name:** \_\_\_\_\_

**Contact Name & Title:** \_\_\_\_\_ **Fed/Tax ID#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**PLEASE CHECK ONE:** Corporation Partnership Non-profit Organization Individual sole proprietor

### Name of Principles of Your Organization

President \_\_\_\_\_

Director of Purchasing \_\_\_\_\_

Financial Officer \_\_\_\_\_

Accounts Payable Person Responsible for Payment of Invoices:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_

### Trade References:

(1) Vendor Name & Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor Address: \_\_\_\_\_ Fax: \_\_\_\_\_

(2) Vendor Name & Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor Address: \_\_\_\_\_ Fax: \_\_\_\_\_

(3) Vendor Name & Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor Address: \_\_\_\_\_ Fax: \_\_\_\_\_

### Bank References:

Bank Name and Address: \_\_\_\_\_

Officer we may contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Account No. \_\_\_\_\_ Type: \_\_\_\_\_

Terms of Sale: Net 30 Days

### Authorization to release information

I hereby authorize our bank and/or trade references to release any information necessary to assist in establishing a line of credit.

Signature

Title

Date