CREDIT REFERENCE FORM

From: Mae Mason                     To: Credit Department
Date: __________                  Company: ____________________
Total number of pages (1)          Fax Number: __________________

Re: ________________________________
__________________________________
__________________________________


DATE ACCOUNT OPENED: _________       YTD SALES: _______________________

TERMS OF SALE: ___________________       CREDIT LIMIT: ___________________

DATE OF LAST SALE: _________         AMOUNT NOW OWING: ___________________

PAYMENT HISTORY AVG DAYS: _________     LONGEST PERIOD: ___________________

NSF CHECKS: ______________________  HIGHEST CREDIT: _______ PAST DUE: ______

HOW DO YU RATE THIS CUSTOMER?

Excellent __ Very Good __ Good __ Average __ Poor __

COMMENTS:

______________________________________________________________________________
______________________________________________________________________________

Your name / title_____________________________________ Date ______________________

Please fax back to us at (309) 407-5310 C/O Mae Mason. WE ASSURE YOU THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL. Your immediate reply will be very much appreciated.

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