



SJ LINKING SYSTEMS

Credit Reference Information

Company Name: _____

Address: _____
Street City State Zip Code

Type of Business

Corporation _____ Partnership _____ Sole Proprietor _____ Year Est. _____

Federal Tax ID: _____

Officers of Corporation

Name _____ Name _____
Title _____ Title _____

Name _____ Name _____
Title _____ Title _____

Trade References (Give only names of those you buy from on an open account.)

Name _____ Name _____
Title _____ Title _____
Fax _____ Fax _____

Name _____ Name _____
Title _____ Title _____
Fax _____ Fax _____

Bank References

Name _____
Address _____
Phone _____
Account Numbers: Checking _____ Savings _____

Signature _____
Title _____ Phone _____

Fax completed forms to 310-943-2225