

CREDIT REFERENCE INFORMATION



Send to: **Allied Diamond Products, Inc.**
Fax: (954) 965-2994 or
P.O. Box 816302 Hollywood, FL 33081

Customer: _____ Telephone () _____ Fax () _____
Address: _____ City _____ State _____ Zip _____
Names of Principals: _____ Social Security Numbers _____

Type of Business (Check One)

- Corporation Incorporated in State of _____ on(date) _____ Federal I.D. # _____
- Partnership Years Company in business _____
- Proprietorship Years Company in business _____

Bank Reference: _____

Contact at Bank _____ Telephone () _____ Fax: () _____
Types of Accounts _____ Account Numbers _____

Trade References

1. Company _____
Contact _____ Telephone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____
2. Company _____
Contact _____ Telephone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____
3. Company _____
Contact _____ Telephone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____

(Please included below any information you may believe helpful)

My signature below authorizes Allied Diamond Products, Inc to obtain information from any Bank or Company listed above and indicates agreement to Terms of Sale and Credit.

Signature of Officer/Owner _____ Title _____
Type or Print Name Above _____ Date _____

PHONE: 954-986-1375

FAX: 954-965-2994