



Toll Free: **800-634-7547**
 Local: **417-334-3007**
 Fax: **417-334-3010**
 Email: **customerservice@lipco.biz**
 Website: **www.lipco.biz**
 Mail: **PO Box 168, Kirbyville, MO 65679**

CREDIT REFERENCE FORM

Gen. 2019-1

Trade Name		
Owner name		
Street Address		
City	State	Zip Code
Telephone No.	Email Address	
Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Tax No. or FEIN	
Number of years at above address	Number of years firm has been in business	
Bank	Officer of Dept.	
Address	Phone No.	

FIVE RECENT TRADE REFERENCES — Please give complete addresses

1. Name	Phone No.
Address	Fax No.
	Account No.
2. Name	Phone No.
Address	Fax No.
	Account No.
3. Name	Phone No.
Address	Fax No.
	Account No.
4. Name	Phone No.
Address	Fax No.
	Account No.
5. Name	Phone No.
Address	Fax No.
	Account No.

Is an alternate payment method acceptable until credit is approved? If so please check: C.O.D. Credit Card

We certify that the above information is correct and that we fully understand your credit terms. We agree to payment within these terms in consideration for extended credit and agree to pay a **1.5% service charge** per month on any **past due** balance. I hereby authorize The Lipco Group to inquire about our credit standing and grant per mission that any information directly or indirectly related to our credit history be given to The Lipco Group.

Signed	Title	Date