



**CREDIT INFORMATION**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Html: \_\_\_\_\_

Federal ID # \_\_\_\_\_ CFO: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Rep: \_\_\_\_\_ Acct # \_\_\_\_\_

**Trade References**

Company \_\_\_\_\_ Tel: \_\_\_\_\_

Company \_\_\_\_\_ Tel: \_\_\_\_\_

Company \_\_\_\_\_ Tel: \_\_\_\_\_

This Form serves as permission for SLIQUID, LLC to obtain banking information regarding our account.

Signature \_\_\_\_\_ Title: \_\_\_\_\_

CREDIT TERMS ARE NET 10 DAYS FROM INVOICE DATE UNLESS OTHERWISE SPECIFIED BY OUR CREDIT DEPARTMENT.