



SAVE MORE
Plumbing & Lighting
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PLEASE RETURN VIA FAX TO 604 436 0488

Request for Credit Information

URGENT!

To the Credit Department of:	
Attention Credit Department	Fax:
Account Number	Date:

Re: Credit Report For:

- Legal Name:**
- Address:**
- City:**
- Postal Code:**
- Phone:**
- Fax:**

The above company or individual has applied for credit with us and listed your company as reference. We would appreciate if you could supply us with the following information. Your response will be held in the strictest of confidence

No of Months/Years account open: _____ Last Purchase: _____
 Credit Limit: _____ Recent High Credit: _____
 Your Terms: _____ Any NSF'S: _____

Total Balance	Current	Past Due 30 Days	Past Due 60 Days	Past Due 90Days
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Rating: Excellent Good Fair Poor

Average days to pay: _____
 Has this account ever been placed on C.O.D _____
 Do you have to call them for payment? _____
 General Comments: _____

Your Name and Title: _____

We appreciate your response to this inquiry.
 Credit Manager