



Credit Reference Information

| | |
|--|---------|
| NAME: | |
| ADDRESS: | |
| PHONE#: | TAXID#: |
| TYPE OF BUSINESS: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other | |
| Years of business at this location: | |
| Previous address if under (3) years: | |

| PRINCIPALS/OFFICERS | |
|---------------------|--|
| 1. | |
| E-Mail: | |
| 2. | |
| E-Mail: | |
| 3. | |
| E-Mail: | |

| ACCOUNTS PAYABLE CONTACT | | |
|--------------------------|---------|--------|
| Name: | E-Mail: | Phone: |

| BANKING INSTITUTION | |
|----------------------|--|
| Name: | |
| Contact Information: | |

| CREDIT REFERENCES PLEASE LIST (3) | |
|-------------------------------------|-----------------------|
| 1. Name: | |
| Address: | |
| Phone/E-Mail: | Years doing business: |
| 2. Name: | |
| Address: | |
| Phone/E-Mail: | Years doing business: |
| 3. Name: | |
| Address: | |
| Phone/E-Mail: | Years doing business: |

Please return completed form by Fax (716) 882-0959 or Email zepto.customerservice@antylia.com