

**WOODARD'S CONCRETE PRODUCTS, INC.**

PO Box 8 Bullville, NY 10915  
845-361-3471 / FAX 845-361-1050

**CREDIT REFERENCE INQUIRY**

**Part A** (To be filled out by credit applicant)

Date \_\_\_\_\_

Name of Reference \_\_\_\_\_

Address \_\_\_\_\_

To whom it may concern:

I give my permission for you to extend credit information of the financial standing and general reputation for promptness, responsibility and integrity of our company.

\_\_\_\_\_  
Signed

**Part B** (To be filled out by credit reference)

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

Date account opened for credit \_\_\_\_\_

Who is authorized agent for the account \_\_\_\_\_

How long have you known the above \_\_\_\_\_

Contact person for accounts payable \_\_\_\_\_

Date of last sale \_\_\_\_\_

Have your business relations been satisfactory \_\_\_\_\_

Highest Credit last six months \_\_\_\_\_ Open account \_\_\_\_\_

Terms of sale \_\_\_\_\_

Current balance \$ \_\_\_\_\_ Balance past due \$ \_\_\_\_\_

Payment: Prompt / Fair / Slow Risk: Good / Fair / Poor

Comments: (information of assistance to us in extending credit; your reply will be confidential and we will gladly reciprocate any time)

\_\_\_\_\_

\_\_\_\_\_

Signature / Title \_\_\_\_\_