



TRADE/CREDIT REFERENCES VERIFICATION AUTHORIZATION FORM

This Section is to be completed by Customer's authorized agent:

Company (Customer) Name: _____

Company (Customer) Address: _____

Phone No: _____ Email / Fax No: _____

Trade Reference Company Name: _____

Vendor Contact Name / Position: _____

Phone No: _____ Email / Fax No: _____

The undersigned hereby authorizes the release of trade/credit information for the purpose of purchasing merchandise from Precision Label, a part of Inovar Packaging Group.

Signature of Authorized Customer Agent: _____

Name of Authorized Customer Agent: _____

Title: _____ Date: _____

This Section is to be completed by Trade Reference authorized agent:

Date account opened: _____ Credit Limit: _____ Current Balance: _____

Total Sales since Account Opened: _____ Date of Last Sale: _____

Term: Cash Cashier's Check COD Company Net

Past Due: _____ Days Past Due: _____

Bank NSF: Yes No Amount of NSF check: _____ Replaced: Yes No

Payment History: On Time Occasionally Late Frequent Late Payment

Overall Rating on Payment History: Satisfactory Unsatisfactory

Additional Comment: _____

Signature of Authorized Agent: _____ Date: _____

Name of Authorized Agent: _____ Title: _____