



BREKX
 334 Selma Avenue
 St. Louis, MO 63119
 Phone: 314.488.2617
 FaxL 314.514.4051
 www.brekx.com

asi/39839 sage/68297 ppai/437642

Credit Reference Form

Company Name: _____ Phone: _____ Fax: _____
 Address: _____ Contact Name: _____
 City: _____ State: _____ Zip: _____
 Corporate Officer: _____ Title: _____
 Nature of Business: _____
 Date Business Was Started: _____ Federal Tax ID# _____
 Annual Sales Revenue: _____ No. of Employees: _____
 Accounts Payable Contact: _____ Web Site: _____

Trade References:

Company Name: _____ Phone: _____ Fax: _____
 Address: _____ Contact Name: _____
 City: _____ State: _____ Zip: _____

Company Name: _____ Phone: _____ Fax: _____
 Address: _____ Contact Name: _____
 City: _____ State: _____ Zip: _____

Company Name: _____ Phone: _____ Fax: _____
 Address: _____ Contact Name: _____
 City: _____ State: _____ Zip: _____

Bank Reference

Bank Name: _____ Account No. : _____
 Address: _____
 Contact: _____ Phone _____ Fax _____

I authorize the above stated references to provide BREKX with any information in their possession regarding their business experience with my company or me.

Signature: _____ Print Name: _____
 Title: _____ Date : _____