



Pfeil & Holing, Inc
 58-15 Northern Blvd
 Woodside, N.Y. 11377
 (718) 545-4600 Fax: (718) 932-7513

SALESPERSON _____

BANK & CREDIT REFERENCES FOR NEW ACCOUNTS

NAME OF BUSINESS: _____ NUMBER OF YEARS IN BUSINESS _____

ADDRESS: _____ P.O. BOX _____

CITY _____ STATE _____ ZIP: _____ COUNTRY _____

TELEPHONE () _____ FAX () _____

NAME OF OWNER (OR PRINCIPAL): _____ E-MAIL _____

NAME OF BANK: _____

CONTACT AT BANK: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ PHONE () _____ FAX () _____

BANK ACCOUNT #: _____ TAX ID #: _____

PLEASE SUPPLY THREE TRADE REFERENCES (REQUIRED)

Name _____	Name _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Zip _____ Country _____	Zip _____ Country _____
Telephone () _____	Telephone () _____
Fax () _____	Fax () _____

Name _____
 Address _____
 City _____ State _____
 Zip _____ Country _____
 Telephone () _____
 Fax () _____

Our terms are Net 30 days for open account customers. By signing hereunder, I agree to pay all bills as invoiced within 30 days. I understand that finance charges of 1.5% per month will be assessed on all unpaid balances after 30 days. I agree to pay \$30.00 as a returned check fee each time a check is returned unpaid. I fully understand and agree to these credit terms and will make timely payments in order to maintain the open account status with P&H that I have requested. I further certify that I am authorized by my company to make this representation. I authorize the bank listed above to release credit history.

Signed _____ (SIGNATURE REQUIRED BY BANK)

Print Name _____ **Title** _____ **Date** ____/____/____