

PM International Suppliers, LLC.
REQUEST FOR CREDIT INFORMATION

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

Province/State:

Postal/ZIP Code:

Country:

A/R Contact:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

Province/State:

Postal/ZIP Code

Country:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

Province/State:

Postal/ZIP Code:

Type of account

Account number

Savings

Checking

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

Province/State:

Postal/ZIP Code:

Phone:

Fax:

Contact:

Company name:

Address:

City:

Province/State:

Postal/ZIP Code:

Phone:

Fax:

Contact:

Company name:

Address:

City:

Province/State:

Postal/ZIP Code:

Phone:

Fax:

Contact:

AGREEMENT

1. All invoices are to be paid within terms dictated by PM International and will be from the date of the invoice.
2. By submitting this information, you authorize PM International to make inquiries into the banking and business/trade references that have been supplied.

AUTHORIZED SIGNATURE

Date:

Title: