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Seattle, WA 98108
1-855-URBANAG
Fax: (206) 767-7073
info@urbanagws.com

CREDIT INQUIRY FORM

TO: _____ **RE:** _____

_____ _____

_____ _____

Your name was listed as a reference on an application for credit. In order for us to make a fair business decision on this applicant, we would appreciate your comments. Please complete as much of the information below as possible. You can be assured that this information will be kept confidential. Thank you for your time.

Sold Since: _____ Terms: _____

Credit Limit: _____ Highest Recent Balance: _____

Current Balance: _____ Amount Past Due: _____

Last Order Date: _____ Last Order Amount: _____

Average Days: _____ NSF Checks: _____

How do you rate this account? Excellent ☐ Fair ☐ Poor ☐

PLEASE CHECK MANNER OF PAYMENT

☐ Prompt and Satisfactory

☐ Prompt to Days Slow

☐ Pays on Account

☐ Slow but Collectible

☐ Unsatisfactory

☐ Secured Account

☐ Collected by Attorney or Collection Agency

Comments: _____

_____

_____

Name (Printed)	Position
Signature	Date