

CAPTIONMAX

2438 27th Avenue South
Minneapolis, MN 55406
Ph: 612-341-3566 Fax: 612-341-2345

CREDIT REFERENCE

Business Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Federal I.D. #: _____

Type of Business: Corporation Partnership Sole Proprietorship Other

State of Incorporation: _____

(If applicable, please provide copy of MINNESOTA Resale Exemption Certificate)

Years In Business: _____ D&B Number: _____

Owners/Officers:

(1) Name: _____ Position Held: _____

Address: _____

(2) Name: _____ Position Held: _____

Address: _____

Bank References:

Name: _____ Acct # _____

Address: _____

Tel #: _____ Fax # _____ Type: Savings Checking

Trade References:

(1) Name: _____ Phone # _____

Address: _____

(2) Name: _____ Phone #: _____

Address: _____

(3) Name: _____ Phone #: _____

Address: _____

Pending Lawsuits against company: No ___ Yes ___ please detail on reverse side

The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time. A personal guaranty, signed by the owner, may be required for businesses in operation for less than two years.

Signature: _____

Title: _____

Date: _____



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BANK REFERENCE INQUIRY

I, _____, _____ of _____
(name) (title) (company)

acknowledge that **CAPTIONMAX** wishes to obtain a bank reference on the business checking account number _____ of _____ (bank), and I fully authorize this information to be given.

(signature) (date)

.....**BANK USE ONLY ... DO NOT WRITE BELOW THIS LINE**

How long has this account been open? _____

Average monthly balance:

Low 4 figures High 4 figures Low 5 figures High 5 figures Low 6 figures

Any stop payments on checks? None 1 to 4 5 to 10 10 to 20 More than 20

Any bounced checks? None 1 to 4 5 to 10 10 to 20 More than 20

Please furnish any other information that would help us to make a decision on establishing terms with this account --use "comments" section below.

Your name: _____, Your title: _____

Bank stamp here: _____

Comments: _____
