



The following information is for use only by ConTemporaries, Inc., to confirm satisfactory credit history of new and potential clients. Please complete, sign and return this form as soon as possible.

Company Name:		Date:	
Address:	City:	State:	Zip:
Phone:	Fax:		
Business Registration Number:		Federal Tax Number:	
Bank Information			
Bank Name:		Address:	
Account Number:		Type of Account:	
Bank Contact Officer:		Phone No. & Extension:	
Three Trade References			
Company Name:			
Address:			
Account Number:			
Contact:			
Phone No & Extension:			
Fax Number:			
<hr/>			
Company Name:			
Address:			
Account Number:			
Contact:			
Phone No & Extension:			
Fax Number:			
<hr/>			
Company Name:			
Address:			
Account Number:			
Contact:			
Phone No & Extension:			
Fax Number:			

Terms of Sale: Invoices are due upon receipt. Interest of 1.50% per month will be assessed on invoices not paid within 30 days of due date.

Name of Authorized Representative: _____ **Title:** _____

Signature: _____