

TRADE REFERENCE SHEET

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| --- | --- |
| **FIRM NAME:** |  |

**BILLING & SHIPPING ADDRESS: Commercial or Residential (circle one)**

|  |  |
| --- | --- |
| **Billing:** |  |
|  |  |
| **Shipping:** |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PHONE:** |  | **FAX:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERRED TO BIOBAG BY:** |  | **PHONE:** |  |

|  |  |
| --- | --- |
| **LEGAL ENTITY:** |  |

|  |  |
| --- | --- |
| **STATE & YEAR INCORPORATED:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FEDERAL TAX I.D. #:** |  | **DUNN & BRADSTREET #:** |  |

|  |  |
| --- | --- |
| **RESELLER CERTIFICATE # (attach copy of certificate):** |  |

**OFFICERS (Name and Title):**

|  |
| --- |
|  |
|  |

**A/P CONTACT:**

|  |  |
| --- | --- |
|  **Name/Phone #:** |  |
| **Email:** |  |

**PURCHASING CONTACT:**

|  |  |
| --- | --- |
|  **Name/Phone #:** |  |
|  **Email:** |  |

**BANK REFERENCE (NAME, PHONE, ADDRESS):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Phone:** |  |
| **Address:** |  |
|  |  |

**TRADE REFERENCES (Name, Phone, Fax OR complete the Credit Card Authorization Form):**

|  |
| --- |
| **1.** |
| **2.** |
| **3.** |

CREDIT LIMIT AND TERMS TO BE DETERMINED AFTER PROCESSING OF INFORMATION. INCOMPLETE FORMS CAN’T BE PROCESSED AND WILL REQUIRE ORDERS TO BE PAID IN FULL IN ADVANCE OF SHIPPING.

**OFFICE USE ONLY:**

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| **CREDIT LIMIT:** |  | **TERMS:** |  |