



US EXPORT DIRECT

TRADE REFERENCE FORM

Credit Application Requirement

Customer Name & Address: _____

Name & Address Of Company Giving Reference: _____

Name Of Person Giving Reference: _____

Title: _____ Phone: _____

Fax: _____ Email: _____

Years Of Experience With Buyer: _____

Estimated Annual Sales To Buyer: _____

Terms Of Sale (If credit terms, how many days?): _____

High Credit: _____ Highest Credit Within The Past 12 Months: _____

Date Of Last Sale: _____

Current Outstanding Balance: _____

Balance Past Due: _____

Payment Experience:

Prompt: _____ 30 Days Slow: _____ 60 Days Slow: _____ 90+ Days Slow: _____

Comments: _____

Signature Of Person Giving Reference

Print Name & Title: _____

Signature: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

PLEASE FAX THE COMPLETED REFERENCE TO +1 (954) 390 0251 IN THE U.S.A.

915 Middle River Drive Suite 521
Fort Lauderdale, FL 33304 USA
T: +1 (954) 390-0951
F: +1 (954) 390-0251