CREDIT HISTORY EXPERIENCE INQUIRY FORM

(Creditor's Company Name) (Creditor's Mailing or Street Address) (City, State) (Fax Number)

ATTN: Credit Department Good Companies Fax: 310-835-4914

DATE: 9/12/2002

The following company is establishing a line of credit with our firm. They have listed your company as a reference. May we please have your credit experience with them? Your time is greatly appreciated. If we can reciprocate at any time we are happy to give information by fax (fax number) or email (email address).

(Debtor Company Name) (DBA Name) (Debtor Address)

When did they open their account?	
Their recent high credit has been? \$	
Currently owe \$	Personal Guaranty?
They are past due \$	_How many days?
Their terms are	NSF Checks?
They normally pay	Takes Unearned Discounts?
Your Comments:	

(Name of Credit Dept. Personnel) Credit Dept.