

Amount of Credit Required _____

COMPANY INFORMATION

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Email Address: _____

Type of Business: (Sole Owner, Partnership, Corporation) _____ Years in Business _____

Resale # _____ Tax I.D. #: _____

PARTNERS OR CORPORATE OFFICERS

1 – Name: _____ Title: _____ Phone: _____

2 – Name: _____ Title: _____ Phone: _____

3 – Name: _____ Title: _____ Phone: _____

BANK REFERENCES

Bank Name: _____ Contact Name: _____

Address: _____

Phone: _____ Account Number: _____

TRADE REFERENCES

1: _____ Phone: _____ Fax: _____

2: _____ Phone: _____ Fax: _____

3: _____ Phone: _____ Fax: _____

4: _____ Phone: _____ Fax: _____

RELEASE OF INFORMATION

We agree to be bound by Enwork's terms. We understand that upon failure to meet Enwork's payment terms, we will be subject to a finance charge, collection and court costs, including reasonable attorney's fees. The fee for a returned check is \$25.00. I hereby warrant and affirm, based upon my review of our business records, that the foregoing is true and correct.

I hereby authorize our references to release any information necessary to assist in establishing credit.

Signed: _____ Title: _____ Date: _____

Please send or fax this form to: Fax 616.987.9446 Phone: 1.800.815.7251