



Credit Information Request

Please return this completed form to Fusion Flexo

🏠 156 10th Street | P.O. Box 356 | Plainwell, Michigan 49080 📞 (800) 681-9912 ✉ info@fusionflexo.com 🌐 www.fusionflexo.com

COMPANY INFORMATION

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TYPE OF BUSINESS: _____

SIC CODE: _____

MAIN CONTACT PERSON: _____ ALTERNATE CONTACT: _____

TRADE REFERENCES

COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ ALTERNATE CONTACT: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ ALTERNATE CONTACT: _____

BANK REFERENCE

BANK NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ ALTERNATE CONTACT: _____

I authorize Fusion Flexo to contact the above listed references to conduct a credit confirmation for our company.

Signed: _____ Title: _____ Date: _____