Griffin Transport Services, Inc.
5360 Capital Court Suite 100
Reno NV 89502
Tel 775-331-8010 Fax 775-331-6745

1st Request Date _____

2nd Request Date _____

REQUEST FOR CREDIT REFERENCE

Attn: _____

Company: _____

Address: _____

Requesting Information For:

Company Name _____

Address _____

City, State, Zip _____

The applicant named above has given your name as a credit reference. We would appreciate a brief description of their credit history with your company. We will maintain the confidentiality of this information and would be pleased to reciprocate as needed.

PLEASE FAX THE COMPLETED FORM BACK TO 775-331-6745

Date Account Opened _____ Date of Last Sale _____

Credit Terms _____ Credit Limit _____

High Credit _____ Present Balance _____

Past Due $ _____ Days Past Due _____

General Promptness in Payment: (circle one)

Prompt Slow (days slow) _____ Discounts Unsatisfactory Refused Credit

Additional Comments: _____

_____

Respondent Name _____ Title _____ Phone _____

We appreciate your attention to this matter,

Rob Erickson
A/R Data Specialist
Griffin Transport Services, Inc.