

Focused Solutions Group

MANAGEMENT AND TECHNICAL SERVICES FOR MANUFACTURERS



7 MEADOW ROSE CT
HACKETTSTOWN, NJ 07840

CREDIT INQUIRY

Date: _____

ON COMPANY: _____ Tel: _____

ADDRESS: _____ Fax: _____

To the CREDIT DEPT OF: _____ Fax: _____

ATTN: _____ Tel: _____

The Account mentioned above has applied for a line of credit and has provided your company as a reference. Please provide us with the following information, which will be kept confidential.

Dates of activity with this account: from: _____ to: _____

Terms: _____ Approx days outstanding: _____

Largest Amount owing recently _____

Total Amount now owing _____

Amount currently Past Due _____

Credit Limit _____

Credit Evaluation and general comments: _____

Normal Payment Trend (check one): 0-30 30-60 60-90 90-120 Over 120

We appreciate your cooperation in completing the above form. Please fax this page to 866-571-1548.

Very truly yours,
Focused Solutions Group

Tom Smith