



4741 COLLEGE PARK • SAN ANTONIO, TEXAS 78249 • (210) 226-6446 • Fax (210) 226-0263

CUSTOMER REQUEST FORM

Date: _____

Company Name: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Person providing credit information: _____

Title: _____

BANK REFERENCES

Bank: _____ Phone: _____

Contact: _____ Account#: _____

Comments: _____

BUSINESS REFERENCES

Company: _____ Phone: () _____

Comments: _____ Contact: _____

Company: _____ Phone: () _____

Comments: _____ Contact: _____

A & A Office _____

A & A Sales ID _____

TO BE COMPLETED BY CREDIT DEPARTMENT

Red Book _____ Blue Book _____ Comments: _____

TRW _____ D & B _____ Comments: _____

Date: _____

Credit amount requested: _____

Approved _____

