



HAMMONDS TECHNICAL SERVICES

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CREDIT INQUIRY

Attn: _____

Date Faxed: _____

Company Name: _____

Attachment: _____

Subject: _____

Total Pages Sent: _____

HAS APPLIED TO US FOR CREDIT AND GIVEN YOUR COMPANY AS A TRADE REFERENCE.
PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING THEIR CREDIT HISTORY
WITH YOUR COMPANY. THANK YOU.

Signed _____

DIANNA SWANN

Opened: _____ Account Terms: _____

Credit Limit: _____ Recent High Credit: _____

Current Balance: _____ Days Past Due: _____

Pay History: Prompt _____ Per Terms _____ Slow _____

Date of Last Sale: _____

Completed By: _____

Comments:

Please Reply: ☐ Yes ☐ No

Via: ☐ Phone ☐ Fax ☐ Letter