

Date:

RE:

To: Credit Dept.



**THE #1 HARD USE KNIVES IN THE WORLD**  
 P.O. Box 4180, Torrance, CA 90510-4180  
 (310) 212-7455 FAX (310) 212-7289

I hereby give authorization for the release of any bank and/or credit information requested by Emerson Knives Inc.

To Whom it May Concern:  
 Please list below your experience and opinion of this account. All information will be held in strict confidence, and we shall be pleased to reciprocate your request.  
 Thank you.

\_\_\_\_\_  
 Authorized Customer Signature

**TRADE SUPPLIER REFERENCE**

Sold Since: \_\_\_\_\_ Terms: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_

High Credit: \$ \_\_\_\_\_

Total owing: \$ \_\_\_\_\_

Total past due: \$ \_\_\_\_\_ Days: \_\_\_\_\_

Manner of Payment

\_\_\_ Discounts \_\_\_ Prompt  
 \_\_\_ Slow \_\_\_ Good \_\_\_ Unsatisfactory  
 \_\_\_ 1-30 \_\_\_ 31-60 \_\_\_ 61-90 \_\_\_ +90  
 \_\_\_ Makes Unjust Claims  
 \_\_\_ Collection/Attorney

Comments: \_\_\_\_\_

\_\_\_\_\_  
 Information supplied by: \_\_\_\_\_