



**COYLE**  
reproductions, inc.

CELEBRATING  
**60**  
YEARS

## New Client / Credit Reference Form

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

For Resale:  Yes  No CA Resale Certificate#: \_\_\_\_\_ Please send back signed official CA resale card with this form.

Accounts Payable Contact: \_\_\_\_\_ Accounts Payable Phone: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

## Banking Information

Bank Name: \_\_\_\_\_ Bank Officer's Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Email: \_\_\_\_\_ Bank Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Trade References

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_ Phone: \_\_\_\_\_

I grant permission for Coyle Reproductions, Inc. to verify the above information.

Authorized Representative (Please print): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_