

**iGoLogic, Inc.** 46750 Fremont Blvd. Ste. 104 Fremont, CA 94538 Tel: 510-252-9388 Fax: 510-252-9399 www.igologic.com

## Credit Reference Request

□ Urgent, Order Pending	Request Date: _			
□ 1 <sup>st</sup> Request				
□ 2 <sup>nd</sup> Request				
□ 3 <sup>rd</sup> Request				
To:	Re:			
Co:				
Address:	_Address:			
	Tel:			
Fax:				
We are in the process of updating our confidence to assist us with the follow	ving information:			∕e ask you
Sales Activity Since:	Terms of Sales:			
Date of Last Sale:	_Credit Limit:			
Highest Balance:	NSF Activity:	□Yes	□No	
Open Balance:	If Yes how many times:			
Over All Rating:   Good Fair Poor	Payment History:	□ Promp	t □ Slow	
Average days to pay:				
in determining the terms of credit to ext	end to applicant:			
Products Customer are purchasing?				
Reference given by:				
Signature	Position / Title			
Print Name	Date Co	mpleted		
► Please fax it to: 510-252-9399	Attn: Credit Departme	ent		
Thank you very much for your assistance	e.			
Sincerely,				
Credit Department iGoLogic, Inc.				