

A & D Distributors  
85 Balm Rd  
Wetumpka, AL 36092  
800-794-4647  
877-253-2573 fax

**REQUEST FOR CREDIT HISTORY**

**Section 1 – To be completed by applicant**

I hereby authorize you to release my credit information to A&D DISTRIBUTORS

Customer Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Fax No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2 – To be completed by A&D Distributors**

The applicant named above has applied for a charge account with us and has given your name as a credit reference. We would appreciate your assistance in helping us make a fair credit decision. Will maintain this information in the strictest confidence and would be pleased to reciprocate upon your request.

Credit Reference Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Fax No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section 3 – To be completed by creditor**

**Information Requested:**

Number of years as your customer: \_\_\_\_\_ Terms: \_\_\_\_\_

Current Balance: \_\_\_\_\_ Highest Balance: \_\_\_\_\_

**Payment Record:**

Prompt: \_\_\_\_\_ Takes Discounts: \_\_\_\_\_

Acceptable (30 days): \_\_\_\_\_

Slow (60 days): \_\_\_\_\_

Unsatisfactory (90 days): \_\_\_\_\_ Accepts COD: \_\_\_\_\_

Signature of Vendor Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to A&D Distributors. 85 Balm Rd, Wetumpka, Al. 36092  
(800) 794-4647 FAX (877) 253-2573**