



Work Force Inc.
1700 Rankin
Missoula, MT 59808
Phone: (406) 543-3590
Fax: (406) 543-3876

Business Name _____

Physical Address _____

Mailing Address _____

(Please include zip code)

Number of Years In Business _____ **Phone #** _____ **Fax #** _____

Owner's Name _____

Home Address _____

Phone # _____ **S.S. #** _____ **Fed. ID #** _____

Please list 2 trade credit references, suppliers who you, at the present, have established credit with:

1.) **Name** _____ **Account #** _____

Phone # _____ **Person Handling Your Account** _____

2.) **Name** _____ **Account #** _____

Phone # _____ **Person Handling Your Account** _____

Please supply a Bank Reference:

1.) **Name** _____

Phone # _____ **Person Handling Your Account** _____

I understand that the above information will/may be used for credit authorization (.. credit determination) purposes. I authorize the release of my credit information on my past and present accounts. I request that a copy/facsimile "fax" of this authorization be accepted with the same authorization as the original. I will personally and individually guarantee payment of all service provided by Work Force, Inc.

Signature of Corporate Officer _____ **Date** _____

Witness _____ **Date** _____