|  |  |  |  |
| --- | --- | --- | --- |
| **BUSINESS NAME:** |  | **FED. ID #:** |  |
| **OWNER NAME(S):** |  | **SSN:** |  |
|  |  | **SSN:** |  |
| **ADDRESS:** |  |
|  |  |
| **PHONE #:** |  | **FAX #:** |  |
| **EMAIL:** |  |
| I authorize the Virginia Department of Forestry to contact the three (3) businesses listed below, one of which must be a bank, to obtain credit references. I also authorize the Virginia Department of Forestry to obtain a credit report, if needed. This information will be used in determining credit approval for the purchase of tree seedlings. I request that the Virginia Department of Forestry keep the credit references confidential. |
| **1.** |  |  |  |
|  | Accredited Banking Institution |  | Account # |
|  |  |  |  |  |  |  |  |
|  | Address |  | City |  | State |  | Zip |
|  |  |  |  |
|  | Contact Person |  | Phone # |
| **2.** |  |  |  |
|  | Business |  | Account # |
|  |  |  |  |  |  |  |  |
|  | Address |  | City |  | State |  | Zip |
|  |  |  |  |
|  | Contact Person |  | Phone # |
| **3.** |  |  |  |
|  | Business |  | Account # |
|  |  |  |  |  |  |  |  |
|  | Address |  | City |  | State |  | Zip |
|  |  |  |  |
|  | Contact Person |  | Phone # |
|  |  |  |  |  |
| Owner Name |  | Owner Signature |  | Date |
| **Information received will be treated with strict confidentiality. Please return with credit application to:** Virginia Department of Forestry, Attn: Fiscal Division, 900 Natural Resources Drive, Suite 800, Charlottesville, VA 22903 Phone: (434) 220-9058; Fax: (434) 220-9155 |