



# Reference Sheet

PLEASE FILL OUT THE INFORMATION BELOW AND RETURN TO THE FREDERICKSBURG EXPO & CONFERENCE CENTER ALONG WITH THE DATE REQUEST FORM. \*\*Only Completed Applications will be considered.\*\*

Business / Corporate Name \_\_\_\_\_ d/b/a (Trade Style) \_\_\_\_\_  
 Physical Address \_\_\_\_\_ Billing Address: \_\_\_\_\_  
 City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## COMPANY PROFILE

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Franchise  
 Parent Company Name (if applicable) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

## Officers or Principals

Name _____	Title _____	SS# _____	Phone # _____ - _____ - _____
Name _____	Title _____	SS# _____	Phone # _____ - _____ - _____
Name _____	Title _____	SS# _____	Phone # _____ - _____ - _____

## CREDIT REFERENCES: Media/Trade References

Name _____	Name _____	Name _____
Street _____	Street _____	Street _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____	City _____ St _____ Zip _____
Phone Number _____	Phone Number _____	Phone Number _____

Signature of Owner or Officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name on Signature line \_\_\_\_\_

**Thank You for your interest. A Sales Rep will contact you. Return with Date Request Sheet.**