

APPLICATION FOR CREDIT



Thank you for considering ICC Compliance Center as your supplier. So that we may service your account properly, please complete the following credit application and return it at your earliest convenience.

Company Name: _____

Mailing Address: _____

City: _____ State / Province: _____ Zip / Postal: _____

Nature of Business (please specify): _____

Phone: _____ Fax: _____

Branch: _____

Name of Buyer: _____

Accounts Payable Contact / Phone / Email: _____

Date Business Started: _____

Desired Credit Limit: _____

PO Number (if required): _____

FULL NAMES OF PARTNERS (OR OFFICERS IF A CORPORATION) W/ ADDRESS

Name / Address: _____

Name / Address: _____

Name / Address: _____

REFERENCES (ALL FIELDS REQUIRED)

Name / Address: _____

Phone / Email: _____

Name / Address: _____

Phone / Email: _____

Name / Address: _____

Phone / Email: _____

The applicant agrees that the terms by which ICC The Compliance Center Inc. grants credit are that all accounts are due and payable 30 days from date of invoice unless otherwise stipulated in writing.

Date: _____ Print Name: _____

Title: _____ Signature: _____