

# US BUSINESS CREDIT APPLICATION

**Please complete and return**

Mail 2150 Liberty Drive, Niagara Falls, NY 14304  
 Fax 888.222.4055

**Company Information**

			Date
Company Name		Branch/Division	
Street Address	City	State	Zip Code
Billing Address	City	State	Zip Code
Phone	Fax	Email	
Nature of Business (products, services, etc.)			
Name of Buyer		Credit Amount Requested \$	
Name of Accounts Payable Contact		Phone	Email
Year Business Established	Is a P.O. # Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Partner/Officer Information**

Name	Title	Years with business
Name	Title	Years with business
Name	Title	Years with business

**References**

Company Name			
Address	City	State	Zip Code
Phone	Fax	Email	
Company Name			
Address	City	State	Zip Code
Phone	Fax	Email	
Company Name			
Address	City	State	Zip Code
Phone	Fax	Email	

*By signing below, you certify that the statements above are true and complete as of the date given below. You agree that the terms by which ICC The Compliance Center Inc. grants credit are that all accounts are due and payable within 30 days from date of invoice unless otherwise stipulated in writing.*

Signature	Date
Name (printed)	Title