New Customer Credit Application

Company Name:			
Address:			
City:	**State:**	**Zip:**	**Country:**
Phone:		**Fax:**	

Check all that apply

__Public __Subsidiary __Sole Proprieter __Other

__Private __ Division __Corporation Fed ID #_____

Resale #_____ Issuing State:_____

Accounts Payable Contact:	**Phone#**	**Ext:**
Email address:		

Bank Reference

Bank Name:			
Address:	City:	State/Zip:	
Contact Name:	Phone #		Fax #
ACCOUNT NUMBER:			

By signing this document, I authorize my bank to release credit and banking information to IC Trends for the purpose of obtaining terms of Net 30 Days.

Name: _____ Signature:_____
Title:_____Date:_____

Trade References

Name of business:	Contact person:	
Address:	City:	State/Zip:
Date acct. opened:	Phone:	Fax:

Name of business:	Contact person:	
Address:	City:	State/Zip:
Date acct. opened:	Phone:	Fax:

Name of business:	Contact person:	
Address:	City:	State/Zip:
Date acct. opened:	Phone:	Fax:

Please attach a copy of your Resale Certificate.