



**Application  
For Credit**  
Fax to:  
**1-800-570-0007**

Attention: \_\_\_\_\_  
Service Rep: \_\_\_\_\_  
Order/Quote #: \_\_\_\_\_

**1. Information Needed to Set Up Your Account**

Date		Anticipated Purchase and/or Amount Item		Your E-mail Address	
Is Your Organization Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please attach a copy of your Sales Tax Exempt Certificate		Sent By	
Purchase Order Required		Full Legal Name/Business Entity		Doing Business As:	
Business Fax Number		Business Phone Number		Street Address	
City		State		Zip Code	
Billing Address (if different than above)		City		State	
Zip Code		IF Subsidiary, Name of Parent Company, Street Address, City, State, Zip			
Person To Contact Regarding the Account		Duns #		Annual Sales	
Number of Locations		No. of Employees		In Business Since	
<input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+		Business Type (please check one)			
70 <input type="checkbox"/> Business Services (Advertising, Data Processing, Personal, Security)		82 <input type="checkbox"/> Education/Schools		20 <input type="checkbox"/> Manufacturing/Printing	
80 <input type="checkbox"/> Medical/Health		83 <input type="checkbox"/> Social Services		40 <input type="checkbox"/> Transportation/Communications/Utilities	
81 <input type="checkbox"/> Legal Service		60 <input type="checkbox"/> Finance		15 <input type="checkbox"/> Construction/Contractors	
87 <input type="checkbox"/> Engineering/Architecture/Consulting		63 <input type="checkbox"/> Insurance		50 <input type="checkbox"/> Wholesale Trade	
87 <input type="checkbox"/> Accounting		65 <input type="checkbox"/> Real Estate		99 <input type="checkbox"/> Other _____	

**2. References for Your Business**

Bank Name		Contact		Checking Account Number	
Bank Address		City		State	
Zip Code		Phone		Fax	
Trade Name		Account #		Phone	
Trade Name		Account #		Phone	
Trade Name		Account #		Phone	
Trade Name		Account #		Phone	
Trade Name		Account #		Phone	
Trade Name		Account #		Phone	
Trade Name		Account #		Phone	

**3. Signature(s) Required**

a. \_\_\_\_\_ Check here if incorporated for more than one (1) year and sign below. If you have not been incorporated for more than one year, please refer to 3b below.

Principle Authorized Officer (type/print) \_\_\_\_\_ Title \_\_\_\_\_

Officer or Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

b. \_\_\_\_\_ Check here if incorporated for less than one (1) year, a sole proprietorship, or a partnership and sign below.

**Personal credit information/guaranty:**  
Must be completed by a corporation in business less than one (1) year, an unincorporated business, a sole proprietorship, or a partnership.  
I agree that if my business has been incorporated for less than one (1) year, is unincorporated, is a sole proprietorship, or is a partnership, I authorize ICM Corporation or its agent to investigate my personal credit financial records, including banking records. It is understood that my personal credit bureau may be requested by the company to assist in the investigation of my financial records and I personally guarantee the repayment of the debt. If my business has been incorporated for one (1) year or more it is understood that my personal financial records will not be investigated without my prior authorization.

First Name	Initial	Last Name	Social Security No.
Present Home Address (Number and Street)			Home Phone Number
City		State	Zip Code

Principle Authorized Officer (type/print) \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

The above information is herewith submitted for the purpose of opening an account. By signing above, I do hereby certify this information to be true. All information provided will be used by ICM Corporation employees to determine credit worthiness and/or effect collections. Applicant agrees to pay any collection fees incurred to collect the balances owed including reasonable attorney's fees. Applicant also agrees to pay 1.5% service charge on all past due invoices.