

# Application for Credit



ICERA

## 1. Company Information

Company Name	Phone #	Fax #		
Street Address				
City	State	ZIP/ Postal	Website	
Company Type				
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP / LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
Federal Tax ID / SSN	State of Incorporation	Year Established		
Financial statements available?	# of Employees	Annual Sales		
<input type="checkbox"/> Yes (please attach)	<input type="checkbox"/> No			

## 2. Owners & Officers (list 2 minimum)

1.) Full Name	Title	SSN
Home Address	City / State	ZIP / Postal
2.) Full Name	Title	SSN
Home Address	City / State	ZIP / Postal

## 3. Bank Reference / Company Credit Card

Bank Name	Account Number	Bank Contact Person	
Bank Address	City / State	ZIP / Postal	Bank Phone #
Credit Card #	Expiration Date	Card Security Code	
Cardholder Name	City / State	ZIP / Postal	Phone #

#### 4. Vendor References (list 3 minimum; utility references are not acceptable)

1.) Vendor Name		Contact Person (Accounts Receivable)	
		Direct Phone No/Fax	
		Email Address	
Vendor Address	City / State	ZIP / Postal	Phone #
			Fax#
2.) Vendor Name		Contact Person (Accounts Receivable)	
		Direct Phone No/Fax	
		Email Address	
Vendor Address	City / State	ZIP / Postal	Phone #
			Fax#
3.) Vendor Name		Contact Person (Accounts Receivable)	
		Direct Phone No/Fax	
		Email Address	
Vendor Address	City / State	ZIP / Postal	Phone #
			Fax#

#### 5. Preferred Email Contacts

CONTACT TYPE	NAME	EMAIL ADDRESS
Principal (e.g., President, Owner, CEO)		
Purchasing		
Accounting		
Marketing		
Shipping/Receiving		
Primary Contact for company updates, special promotions, important memos, etc.		

#### 6. Agreement

I hereby affirm that I am a representative authorized to execute and submit this application on behalf of the Company, and that we agree to Icera's terms and conditions listed herein. We certify that the information provided (along with any financial statements attached) are true, correct and complete in all material respects. We hereby authorize Icera to verify and collect information on us, including credit references, commercial and/or consumer credit reports.

We agree that all Icera invoices are to be paid within thirty (30) days from the date of invoice. We accept that a service charge of 1.5% per month (annual percentage rate of 18.0%) will be assessed on all invoices outstanding over sixty (60) days. Such late charges will not mitigate nor extend our obligation to timely pay all amounts due. We authorize Icera to charge the above-listed credit card for any amounts past due.

We acknowledge that Icera reserves the right to grant or suspend credit to us at any time, at Icera's sole discretion. In the event that we fail to make payment, we hereby agree to pay, and indemnify Icera against, any and all costs of collection including, without limitation, reasonable attorneys' fees.

**By:** \_\_\_\_\_  
Authorized Company Signature

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**When complete, please submit this credit application by facsimile, or scan and e-mail as follows:**