



**ICON**  
LARGE FORMAT PRINTING  
**CREDIT APPLICATION**

**BUSINESS CONTACT INFORMATION**

Company name:

President:

Vice President, Finance:

Accounts Payable Contact:

Phone:

Fax:

E-mail:

Registered company address:

City:

Province:

Postal Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:

City:

Province:

Postal Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

Bank Contact Name:

City:

Province:

Postal Code:

Type of account

Account number

Savings

Checking

Other

**BUSINESS/TRADE REFERENCES**

Company name:

D&B ID:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize ICON to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Name:  
Title:  
Date:

Name:  
Title:  
Date: