



CREDIT APPLICATION

Company: _____
Legal Name (if different from above): _____
Address: _____
City: _____ Province/State _____ Postal/Zip _____
Country: _____
Tel: _____ Fax: _____ Email: _____

BUSINESS PROFILE:

Sole proprietor _____ Limited Partnership _____ Incorporation _____
No. Employees _____ Annual Sales: _____ Years in Business: _____
D&B No. _____ GST No. _____ PST No. _____
Years At Present Location: _____ Business/ Discipline: _____

OWNER PROFILE:

1.
Owner Name Title Phone %
2.
Owner Name Title Phone %

Payables Contact: _____ Tel.: _____ Email: _____

Purchasing: _____ Tel.: _____ Email: _____

TRADE REFERENCES:

1.
Supplier Name Address Phone Fax
2.
Supplier Name Address Phone Fax
3.
Supplier Name Address Phone Fax

BANK REFERENCE:

Bank Branch Address / Phone Contact Name Acct. No.

MONTHLY CREDIT REQUIRED: \$ _____
(NOTE THAT TO QUALIFY FOR A COMMERCIAL CHARGE ACCOUNT, MINIMUM ANNUAL PURCHASES MUST BE AT LEAST \$ 5,000.00)

TERMS & CONDITIONS:

- 1. C.O.D. on all first time orders. Visa and bank debit cards accepted.
2. Subject to management's discretion, account balances over 60 days shall be placed on C.O.D. status until the account is back in good standing.
3. All orders over \$5,000 dollars will require a 25% deposit along with a company purchase order. Balance is payable based on terms granted.
4. ICON shall not be held liable for any unreasonable delays caused by circumstances beyond its control, errors and omissions found in all customer supplied artwork, material, files, disks, and proofs that do not comply with ICON's file setup specifications.
5. Customer agrees to indemnify and hold ICON harmless against all claims and expenses arising from the use of any products by the customer that was produced by ICON.

Name (Authorized Signature) Title Date