

# Credit Application



Date: \_\_\_\_\_ 20\_\_\_\_

Business Legal Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Business Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_ email: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Ownership: Sole Proprietor  SSI#: \_\_\_\_\_  
 Corporation  FID#: \_\_\_\_\_  
 Partnership  List Partners & SSI#:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Trade References:

Name: _____	Account #: _____	Phone #: _____
_____	_____	_____

I certify the above information is true and correct and is provided for the purpose of obtaining credit with Icare Industries, Inc., Icarelabs. I authorize Icarelabs to obtain information for that purpose from any source. I agree that any funds paid to Icarelabs may be applied to any balances owed Icarelabs, any balance due Icarelabs may be consolidated into this or any other account. In consideration of this credit granted at my request, it is understood and agreed that should this account not be paid according to terms, the undersigned personally guarantees payment. Should the account need to be turned over for collection, I agree to pay interest at the highest rate allowed by law plus, reasonable attorney and collection fees.

This agreement is governed by the laws of the State of Florida.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Print: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please FAX this Credit Application back to **888-501-0271** when completed and signed by an owner or listed officer.