

Business Credit Application



IQ Sales Associate _____

1 Company Information

Full Legal Name / Business _____ Phone # _____ Fax # _____

Doing Business As (DBA) _____

Billing Address _____ City/State _____ Zip _____

Company Type:

Proprietorship Partnership Franchise Corporation Other: _____

No. of Employees _____ Year Business Established _____ Requested Credit Limit _____ Type of Business _____

Federal Tax ID (If Incorporated) _____ State of Incorporation _____

E-Mail Address(es): _____ Website: _____

2 Owner Information

Full Name (including middle initial) _____ Title _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____ Phone # _____

3 Bank Reference Checked

Bank Name _____ Account Number _____ Contact _____

Address _____

City _____ State _____ Zip _____ Phone # _____

4 Trade Credit References Checked

Company Name _____ Contact _____

Address _____

City _____ State _____ Zip _____ Phone # _____

5 Trade Credit References Checked

Company Name _____ Contact _____

Address _____

City _____ State _____ Zip _____ Phone # _____

6 Trade Credit References Checked

Company Name _____ Contact _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Our terms are strictly Net 10 days: Payable by original invoice and due 10 days from the date of original invoice. If payment for services is not received within 30 days, future purchases on credit will be disallowed. A late charge will be added to all amounts not paid within these terms of two percent (2%) per month or twenty-four percent (24%) per annum. I/We certify that the above statements (which are furnished for the purpose of obtaining credit) are true and correct. The undersigned warrants(s) that he/she has authority to execute this Credit Application and to bind said company to the terms contained herein, including payment of collection fees, court costs and/or attorneys' fees, with interest, if third party collection is necessary. I/We understand, acknowledge and accept IntelliQuick's terms of sale are net 10 days and agree to make full payment within these terms. I/We hereby authorize you or your agent/representative to secure a credit report and agree to the release of credit information.

Authorized Signature/Title: _____ Date: _____