

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: () _____ e-mail: _____ Fax: () _____

Ownership: Sole Proprietor SSI#: _____

Corporation FID#: _____

Partnership List Partners & SSI#: _____

Sales Tax Exempt : Yes * if yes, please include a copy with your credit application.
No

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.