

Credit Application



Date: _____, 20____

Business Legal Name: _____

Doing Business As: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact Person: _____

E-mail: _____

Phone: (____) _____ Cell Phone: (____) _____ Fax: (____) _____

Ownership:

☐ Sole Proprietor

SSN: _____

☐ Corporation

FEIN: _____

☐ Partnership

List Partners & SSN:

Sales Tax Exempt:

☐ Yes

☐ No

* if Yes, please include proof with your credit application

Trade Reference:

Name:

Account #:

Phone #:

Estimated Monthly Credit Limit Need:

☐ \$500 - \$1000

☐ \$1000 - \$2000

☐ \$2000 - \$5000

☐ \$5000+

I certify the above information is true and correct and is provided for the purpose of obtaining credit with Icare Industries, Inc. I authorize Icare Industries, Inc. to obtain information for that purpose from any source. I agree that any funds paid to Icare Industries, Inc. may be applied to any balances owed Icare Industries, Inc.; any balance due Icare Industries, Inc. 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: _____

Signature: _____ Print: _____ Title: _____ Date: _____

Please fax this application to 888-501-0271 or scan and email to info@icarelabs.com

Thank you for your interest in doing business with us.

www.IcareLabs.com