

**CREDIT APPLICATION FORM**

**DATE:** \_\_\_\_\_

**BUSINESS INFORMATION**

NAME OF BUSINESS \_\_\_\_\_  
 LEGAL (IF DIFFERENT) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**DESCRIPTION OF BUSINESS**

NO. OF EMPLOYEES \_\_\_\_\_ CREDIT REQUESTED \_\_\_\_\_  
 IN BUSINESS SINCE \_\_\_\_\_  
 BUSINESS STRUCTURE  
 \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP  
 \_\_\_\_\_ DIVISION/SUBSIDIARY NAME OF PARENT COMPANY \_\_\_\_\_

**COMPANY PRINCIPLES RESPONSIBLE FOR BUSINESS TRANSACTION**

NAME _____	TITLE _____	PHONE _____
NAME _____	TITLE _____	PHONE _____
NAME _____	TITLE _____	PHONE _____

**BANK REFERENCE**

BANK \_\_\_\_\_ NAME TO CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CHECKING ACCT# \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

**TRADE REFERENCE**

FIRM NAME _____	CONTACT NAME _____	PHONE _____
ADDRESS _____		
FIRM NAME _____	CONTACT NAME _____	PHONE _____
ADDRESS _____		
FIRM NAME _____	CONTACT NAME _____	PHONE _____
ADDRESS _____		

**CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY**

I HEREBY CERTIFY THAT THE INFORMATION IN THIS CREDIT APPLICATION IS CORRECT. THE INFORMATION INCLUDED IN THIS CREDIT APPLICATION IS FOR USE BY IGOLOGIC, INC. IN DETERMINING THE AMOUNT AND CONDITIONS OF CREDIT TO BE EXTENDED. I UNDERSTAND THAT IGOLOGIC MAY ALSO UTILIZE THE OTHER SOURCES OF CREDIT WHICH IT CONSIDERS NECESSARY IN MAKING THIS DETERMINATION. FUTURE I HEREBY AUTHORIZE THE BANK AND TRADE REFERENCES LISTED IN THIS CREDIT APPLICATION TO RELEASE THE INFORMATION NECESSARY TO ASSIST IGOLOGIC.COM IN ESTABLISHING A LINE OF CREDIT.

\_\_\_\_\_  
 SIGNATURE TITLE DATE

**POLICY STATEMENT: INITIAL ORDER FROM NEW ACCOUNTS WILL AUTOMATICALLY BE PROCESSED AS COD COMPANY CHECK OR CREDIT CARD. CREDIT APPLICATION PROCESS MIGHT TAKE UP TO 3 WEEKS.**

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