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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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