



Email: info@icdamerica.com

Fax : (914) 633 - 3050

www.icdamerica.com

Company Name		Trade Name	
Address			
City	State	Country	Zip Code
Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Sub-S Corp. <input type="checkbox"/> LLC			
Parent company name & address _____ _____			
If not incorporated, list full name or names of owner or owners _____ _____			
Line of business (manufacturer, distributor, etc.)	No. of years in business	Company Website	
Credit Amount requested \$	DUN's Number	Ticker Symbol(public company)	
Finance Contact and title	Phone Number	Fax Number	
Purchasing Contact and title	Phone Number	E-mail address	
Trade References (Three plastic trade references preferable) – Please give complete addresses			
1 Name _____ Street _____ City _____ State _____ Country _____ Zip _____ Phone number _____ Contact _____ Fax number _____ E-mail _____			
2 Name _____ Street _____ City _____ State _____ Country _____ Zip _____ Phone number _____ Contact _____ Fax number _____ E-mail _____			



CREDIT APPLICATION
(Cont'd)

Fax: (914) 633 – 3050
Mail: 145 Huguenot St. Suite308
New Rochelle, NY 10801
Email: Ana.rojas@icdamerica.com
www.icdamerica.com

3 Name _____
Street _____
City _____ State _____ Country _____ Zip _____
Phone number _____ Contact _____
Fax number _____ E-mail _____

Bank Reference:

Name _____
Street _____
City _____ State _____ Country _____ Zip _____
Phone number _____ Contact _____
Fax number _____ Account# _____

Please sent attach a copy of your most recent financial statement. Your financial statement will be kept in ICD strict confidence.

Terms & Conditions

- Applicant agrees that all transaction will be governed by ICD America LLC Terms and Conditions of Sale.
- Applicant agrees to pay all amounts due by the due date stated on the invoice.
- ICD America LLC may modify or terminate any credit available to applicant.
- Applicant authorizes ICD America LLC to communicate with and obtain information from the references provided herein.
- Applicant agrees to provide additional credit information reasonably requested by ICD America LLC from time to time.

Signature

I am authorized on behalf of the company listed on this application to apply for credit and to agree to the above terms and conditions. I certify that the information in this application is accurate and correct as of the date of this credit application and shall further inform ICD America LLC of any changes in the information disclosed in this credit application.

Signed: _____ Title: _____ Date: _____