IGC Technologies, LLC

CREDIT APPLICATION

Print this form and FAX to: 414-540-2350

Attn: CREDIT DEPT

GENERAL INFORMATION	
Billing Address:	**Shipping Address:**
Company Name:	**Company Name:**
Attention:	**Attention:**
Street Address:	**Street Address:**
City, State, Zip:	**City, State, Zip:**
Telephone : **FAX:**	**Telephone:** **FAX:**
E-Mail:	**E-mail:**

BUSINESS INFORMATION			
Principal/Owner:	**Federal I.D. Number:**	**Type of Business:** ☐ Corporation ☐ Partnership ☐ Other	
Home Address:		**State of Incorporation:**	**Date of Incorporation:**
Amount of Credit Desired?	**Tax Exempt?** ☐ Yes ☐ No **If yes, fax copy of Certificate**	**At Present Address Since:**	

BANK REFERENCES		
Bank Name:	**Bank Officer:**	**Telephone:**
Bank Address:	**City, State Zip:**	

TRADE REFERENCES		
Trade Reference 1:	**Phone:**	**FAX:**
Trade Reference 2:	**Phone:**	**FAX:**
Trade Reference 3:	**Phone:**	**FAX:**

TERMS AND CONDITIONS

All accounts are COD until a credit application has been completed, reviewed and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.0% per month or the maximum rate permitted by applicable law, until paid in full. Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize IGC Technologies, LLC to make any and all inquiries necessary to process this Credit Application.

Name of Authorized Representative:	**Title**	
Agreed and Accepted, Signed:	**Phone:**	**Date:**

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