



11860 Fishing Point Dr. Newport News, VA 23606  
Tel: (757) 873-8288 Fax: (757) 873-0701

TERMS REQUESTED: COD/CASH\_\_\_\_ CREDIT CARD\_\_\_\_ COD/COMPANY CHECK\_\_\_\_

NET10\_\_\_\_ NET15\_\_\_\_ NET20\_\_\_\_

CREDIT LINE REQUESTED\_\_\_\_\_

## **GENERAL INFORMATION**

LEGAL NAME OF COMPANY\_\_\_\_\_

DBA\_\_\_\_\_

CORPORATION

PROPRIETORSHIP

PARTNERSHIP

ADDRESS\_\_\_\_\_ CITY/STATE\_\_\_\_\_

ZIP\_\_\_\_\_

BILLING ADDRESS\_\_\_\_\_ CITY/STATE\_\_\_\_\_

ZIP\_\_\_\_\_

PHONE NUMBER\_\_\_\_\_ FAX NUMBER\_\_\_\_\_

CONTACT\_\_\_\_\_

TAX EXEMP#\_\_\_\_\_ FEDERAL TAX ID#\_\_\_\_\_ D&B#\_\_\_\_\_

NATURE OF BUSINESS\_\_\_\_\_ YEARS IN BUSINESS\_\_\_\_\_

BUSINESS OPERATED FROM  HOME  COMMERCIAL BUILDING

ANNUAL SALES\_\_\_\_\_ ESTIMATED MONTHLY PURCHASES\_\_\_\_\_

\*\*\*PLEASE INCLUDED A COPY OF YOUR STATE SALES TAX FORM AND BUSINESS LICENSE.

## **CREDIT CARD INFO**

CREDIT CARD NUMBER\_\_\_\_\_  VISA  MC  DISC

CREDIT CARD BILLING ADDRESS\_\_\_\_\_ EXP. DATE\_\_\_\_\_

CITY/STATE\_\_\_\_\_ ZIP\_\_\_\_\_

I am an authorized signer on above card and hereby give IC Distribution permission to bill the credit card when verbally requested.

NAME ON CARD\_\_\_\_\_ SIGNATURE\_\_\_\_\_



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## **PRINCIPAL**

NAME AND TITLE \_\_\_\_\_ SSN# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_ SSN# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_ SSN# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ HOME PHONE \_\_\_\_\_

## **BANK INFORMATION**

BANK NAME \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ACCOUNT# \_\_\_\_\_  CHECKING  SAVING

BANK NAME \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ACCOUNT# \_\_\_\_\_  CHECKING  SAVING

The undersigned authorizes release of all banking and credit information, both business and or personal requested by ICDistribution. This form may be reproduced or photocopied and a faxed copy shall be as effective as the original; which I have signed.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME AND TITLE \_\_\_\_\_



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**REFERENCES** (Computer Field Related)

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ACCOUNT# \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ACCOUNT# \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ACCOUNT# \_\_\_\_\_

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This credit application and agreement is submitted by Customer, to ICDistribution to obtain trade credit. Customer agrees to make payment in full to ICDistribution's invoice(s). Customer also agrees to pay to ICDistribution, as interest, an amount equal to 1.5% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should Customer default in any such payment(s), ICDistribution should have the right, without notice to Customer, to declare all invoice amounts due and payable. In the event ICDistribution should commence any action(s), or otherwise seek to enforce this agreement against Customer or Guarantor, Customer agrees to pay reasonable attorney(s) fees, collection fees, court costs, and other expenses incurred by ICDistribution, whether or not suit is filed. This agreement is non-transferable or assignable without the prior written consent of ICDistribution. This agreement shall become effective upon acceptance by ICDistribution

Customer and Customer's authorized representative signing this application represent and warrant that the information provided in this application and in any and all additional documents, financial statements or other information furnished by the Customer to ICDistribution is true and correct in all material respects and contains all information necessary as that this application is not materially misleading. Customer acknowledges that ICDistribution is relying on the accuracy of the information provided by Customer.

Customer hereby grants to ICDistribution a security interest in any and all goods purchased by Customer from ICDistribution to secure any and all obligations of Customer to ICDistribution, including but not limited to any obligation of payment. Customer agrees to execute any additional documents necessary to perfect or continue the security interest created by this application.

I/We agree to adhere to the credit service policies and procedures established from time to time by ICDistribution

AS OF THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

SIGNED BY \_\_\_\_\_ NAME/TITLE \_\_\_\_\_



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**Personal Guaranty**

I, \_\_\_\_\_ RESIDING AT \_\_\_\_\_

I, \_\_\_\_\_ RESIDING AT \_\_\_\_\_

for and in consideration of your extending credit at my request to \_\_\_\_\_ (herein after company), hereby personally guarantee the payment to IC Distribution in the state of Virginia of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the company shall fail to pay same. Further, I hereby subrogate any indebtedness to the company in which it may have to me to the indebtedness of the company owed to IC Distribution. It is understood that this guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice hereof and consent to any modification of renewal of this credit agreement hereby guaranteed.

WITNESS \_\_\_\_\_ GUARANTOR \_\_\_\_\_ DATE \_\_\_\_\_

SSN \_\_\_\_\_

WITNESS \_\_\_\_\_ GUARANTOR \_\_\_\_\_ DATE \_\_\_\_\_

SSN \_\_\_\_\_