



# APPLICATION FOR CREDIT

Exact Firm Name: \_\_\_\_\_ Resale # \_\_\_\_\_

Bill to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check one:  Sole Proprietor  Partnership  Corporation

Owner(s) Full Name(s): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ A/P Contact: \_\_\_\_\_ (required)

Fax: (\_\_\_\_) \_\_\_\_\_ A/P Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ How long in business: \_\_\_\_\_ D&B Rating: \_\_\_\_\_

### TRADE REFERENCES

Name of Firm: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicants' signature attests financial responsibility, ability and willingness to pay our invoices in accordance with terms stated on invoices. There will be a 1 1/2% per month service charge on invoices past due.

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize ID Card Group to investigate the references listed pertaining to our credit and financial responsibility. This application will be regarded as confidential material.

Name: \_\_\_\_\_  
(Signature) (Title)

Name: \_\_\_\_\_  
(Signature) (Title)