



ICY DOCK USA CORPORATION

New Account Request Form

Business Information		
Legal Business Name:		
DBA:		
Street Address:		
City:	State:	Zip Code: Country:
Phone#:	Fax#:	
Description of Business		
TAX ID Number (EIN / TIN)		Resell Permit Number:
Describe the product of service to be provided:		
Date Established:	Credit Requested:	Term Requested:
Number of Employee:	Annual Sales Volume:	D&B Number:
Business Structure		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Division/Subsidiary <input type="checkbox"/> Other _____		
Parent Company:		
Please list three primary customers as references:		
Company Principals Responsible for Business		
Full Name:		Job Title:
Department:		
Phone Number:		Email Address:
Full Name:		Job Title:
Department:		
Phone Number:		Email Address:
Full Name:		Job Title:
Department:		
Phone Number:		Email Address:
Bank References (Required for Payment Term)		
Name of Bank:		Contact Person:
Branch:		Phone Number:
Address:		
Checking Account # :		Saving Account # :
Bank References (Required for Payment Term)		
Name of Bank :		Contact Person:
Branch:		Phone Number:
Address :		
Checking Account # :		Saving Account #:



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Account #:

Contact Person:

Term :

Trade Reference 1 (Required for Payment Term)

Company Name:

Phone Number:

Fax Number:

Company Address:

Account#

Contact Person Name:

Email:

Trade Reference 2 (Required for Payment Term)

Company Name:

Phone Number:

Fax Number:

Company Address:

Account#

Contact Person Name:

Email:

Trade Reference 3 (Required for Payment Term)

Company Name:

Phone Number:

Fax Number:

Company Address:

Account#

Contact Person Name:

Email:

Trade Reference 4 (Required for Payment Term)

Company Name:

Phone Number:

Fax Number:

Company Address:

Account#

Contact Person Name:

Email:

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 ICY DOCK USA. In determining the amount conditions of credit to be extended. I understand that ICY DOCK USA. may also utilize the other sources of credit, which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist ICY DOCK USA. in establishing a line of credit.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

Policy Statement: Initial order from new accounts will not be processed unless accompanied by the above requested information.

Terms: COD Company Check or Credit Card on date of invoice unless otherwise stated.

ICY DOCK USA. 11740 Clark St. Arcadia, CA 91006 Tel: 626.956.8800 Fax: 626.667.2149