



Email: [info@icdgroup.com](mailto:info@icdgroup.com)  
 Fax : (212) 644 - 1500  
[www.icdamerica.com](http://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: (212) 644 – 1500  
Mail: 150 East 52ND  
Street-Suite 25001  
New York, NY 10022  
Email: ana.rojas@icdgroup.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: \_\_\_\_\_