

BUSINESS CREDIT APPLICATION

ICOTRADERS

YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED	
COMPANY NAME	
REGISTRATION NUMBER	PHONE
ADDRESS	
CITY	POSTCODE
LENGTH OF TIME AT CURRENT ADDRESS: YEARS MONTHS	
TYPE OF BUSINESS : SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORTATION OTHER	

BANK INFORMATION			
BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY		POST CODE	
TYPE OF ACCOUNT	ACCOUNT NUMBER		

BUSINESS /TRADE REFERENCES
Please provide us at least three other companies your business has established credit with previously

1 COMPANY	CONTACT NAME		
PHONE	EMAIL		
ADDRESS	TITLE		
CITY		POST CODE	
COMMENTS			

2 COMPANY	CONTACT NAME		
PHONE	EMAIL		
ADDRESS	TITLE		
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BUSINESS CREDIT APPLICATION

CITY		POST CODE
COMMENTS		

BUSINESS REFERENCES

3 COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY		POST CODE
COMMENTS		

4 COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY		POST CODE
COMMENTS		

AGREEMENT
<p>1. All invoices are to be paid on the 20th of the month following the date of the invoice.</p> <p>2. Any claims arising from invoices must be made within seven working days of receipt of invoice.</p> <p>3. By submitting this application, you authorise Ico Traders Ltd to make inquiries into the banking and business/trade references that you have supplied.</p>

COMPANY REPRESENTATIVES	
1 SIGNATURE	TITLE
NAME	DATE

2 SIGNATURE	TITLE
NAME	DATE

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