



CREDIT APPLICATION

Please complete the application below by filling in the fields. Fax to 740-671-8996 or email to lwolfe@icrsupply.com.

APPLICANT COMPANY INFORMATION

Company Name:
Address:
City: State: Zip:
Phone: Fax:
President/CEO: A/P Contact:
AP email for emailing invoices and statements:
Principal Owner Name (if not Pres/CEO):
Principal Owner Home Address:
Applicant Firm is: Corporation Partnership LLC Proprietorship
Federal Tax ID # or Social Security # if Proprietorship:
Year Corporation or LLC Formed: State of Incorporation:
Requested Credit Limit: **OUR TERMS ARE NET 30**
Does your Company require PO#'s: Yes/No
Are you tax exempt in the State of Ohio: Yes/No If so please include tax form
Please list those permitted to charge on this account:

PLEASE MAKE SURE TO INCLUDE A CERTIFICATE OF LIABILITY INSURANCE FOR ALL EQUIPMENT RENTALS

BANK REFERENCES

Bank: Account #:
Address:
City: State: Zip:
Phone: Contact: Account No:

CREDIT REFERENCES – PLEASE INCLUDE A FAX# OR EMAIL FOR CONTACT

Company:
Address:
City: State: Zip:
Phone: Fax: Email:

Company:
Address:
City: State: Zip:
Phone: Fax: Email:

Company:
Address:
City: State: Zip:
Phone: Fax: Email:

CREDIT TERMS AND CONDITIONS

Applicant warrants that the above information is true and accurate. I/We hereby authorize ICR Equipment & Supply to contact the references to investigate Applicant's credit and financial responsibility. I certify that on behalf of Applicant I am familiar the "Terms and Conditions" relevant to rental equipment and that failure to pay invoices by the agreed upon account term will result in a finance charge assessed to Applicant's account and I agree to pay them. **A 3% surcharge will be added to your account for any payments made to your account with a credit card in the amount of \$3000.00 or more.**

AUTHORIZED SIGNATURE:

PRINT NAME:

DATE:

