



Integrated Communications, Inc.

PO Box 759 Suwanee, GA. 30024
Phone: (770) 886-3944 Fax: (770) 886-2944

Web: www.ICOMMonline.com Email: Bpike@ICOMMonline.com

Confidential Credit Application

Company Name: DBA:
Billing Address: City: State: Zip:
Physical Address: City: State: Zip:
Telephone: Fax: Email:
Contact Name:

Credit Limit Requested:
Type of Business:
Number of years: Ownership: (check one):
Corporation Partnership Sole Proprietor
Federal Tax Identification No.:
Sales Tax Exempt No.: Please attach a copy of certificate
Number of Employees:
Estimated Annual Sales:
Has the firm or any of its principals ever filed for bankruptcy?
If yes, please explain:

Principal Owners/Officers:
Name:
Title:
Address:
Phone:
Name:
Title:
Address:
Phone:

TRADE REFERENCES: (Name of suppliers of major products and services)
Name:
Address:
Phone & Fax
Contact:

BANK REFERENCE:
Bank Name:
Account Number:
Account Type:
Address:
Phone & Fax:
Contact:

Name:
Address:
Phone & Fax:
Contact:

OTHER BUSINESS DEBTS:
Name:
Balance Due:
Address:
Phone & Fax:

Name:
Address:
Phone & Fax:
Contact:

Mortgage
Holder/Landlord:
Address:
Phone & Fax:

Declaration and Guaranty: (must be signed to process application)

By signing below, the Guarantors authorize Integrated Communications Inc. to make all inquiries deemed necessary to determine the credit worthiness of the Guarantors. The Guarantors attest that they are legally authorized to make this authorization on behalf of their company. In consideration of credit being extended by Integrated Communications Inc. to the applicant identified above, the undersigned guarantor hereby unconditionally guarantee Integrated Communications Inc. the faithful payment, when due, of all obligations of the Applicant to Integrated Communications Inc..

If an individual: X:
Signature Printed Title Date

If not an individual X:
Signature Printed Title Date