

CREDIT APPLICATION

To accept a company check for payment is considered an extension of credit. To apply for terms of credit with ISCI the following information must be provided. Orders will be taken on credit card purchase only until applicant establishes an extension of credit.

Open account (NET 15 days) _____ C.O.D. Company Check _____ Visa _____

MasterCard _____ Am-Ex _____

THIS AUTHORIZES THE USE OF MY CREDIT CARD BY ISCI TO PAY FOR ORDERS PLACED BY PHONE OR FAX.

My Credit Card number is:

Expiration Date _____

Cardholder's Name (please print) _____

Three Digit Signature Code _____

Signature _____

PLEASE FILL OUT COMPLETELY FOR OPEN ACCOUNT APPROVAL

Bank Name _____

Account # _____

Address _____

Phone # _____

City, State, Zip Code _____

LIST CREDIT REFERENCES WHICH ACCEPT YOUR COMPANY CHECK AS A PAYMENT OR EXTEND CREDIT ON YOUR ACCOUNT

Name _____

Dealer Account # _____

Address _____

Phone # _____

City, State, Zip Code _____

Contact _____

Terms with company: Open _____ C.O.D. _____ Other _____

Name _____

Dealer Account # _____

Address _____

Phone # _____

City, State, Zip Code _____

Contact _____

Terms with company: Open _____ C.O.D. _____ Other _____

Name _____

Dealer Account # _____

Address _____

Phone # _____

City, State, Zip Code _____

Contact _____

Terms with company: Open _____ C.O.D. _____ Other _____

I AM APPLYING FOR AN EXTENSION OF CREDIT ON AN OPEN ACCOUNT. I HEREBY AUTHORIZE ISCI TO CHECK ALL INFORMATION LISTED. I CERTIFY THAT THE STATEMENTS AND ABOVE INFORMATION ARE TRUE. I ACKNOWLEDGE ALL RESPONSIBILITY FOR PAYING ISCI ALL MONIES OWED AND DUE ACCORDING TO THE TERMS SET.

Owner's Signature _____

Date _____

*PLEASE FILL OUT APPLICATION. YOU MAY EITHER FAX (334.277.9648) APPLICATION OR SCAN AND EMAIL TO DDAPPRICH@INDUSTRIALSPECIALTY.COM.