



ICL Imaging Corporation
BUSINESS CREDIT APPLICATION

51 Mellen Street, Framingham, MA 01702
Tel: (508) 872-3280 • Fax: (508) 872-7364

Date of Application: _____
Exact Legal Business Name: _____
D/B/A Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ Contact: _____
In Business Since: _____ Type of Business: _____
State Tax or Exempt ID No: _____ **(Attach Resale Certificate Form ST-4)**

Ownership: [] Corporation [] Partnership [] Individual Bank Name: _____

If you are exempt from state sales tax, you must provide ICL with a signed Sales Tax Exemption Certificate. Otherwise, you will be charged the applicable sales tax.

Principals:

Full Name: _____ Title: _____
Full Name: _____ Title: _____
Accounts Payable Manager: _____ Phone: _____ Email: _____
Purchasing Dept. Manager: _____ Phone: _____ Email: _____

Trade References:

Name: _____ Phone: _____ Email: _____
Address: _____ City: _____ State: ___ Zip: _____
Name: _____ Phone: _____ Email: _____
Address: _____ City: _____ State: ___ Zip: _____
Name: _____ Phone: _____ Email: _____
Address: _____ City: _____ State: ___ Zip: _____

Terms:

Payment is due Net 30 days from the date of invoice. 1.5% per month will be automatically charged on overdue accounts. Applicant signature(s) attest to financial responsibility, ability and willingness to pay ICL invoices in accordance to these terms.

Applicant's Signature: _____ Date: _____

All information listed above will be held in the strictest confidence.

----- **For Official Use Only. Do Not Write In This Space.** -----

References Checked By: _____ Credit Approved By: _____
Account Executive: _____ Credit Amount: _____