



# i-cut Tools

## CUSTOMER CREDIT APPLICATION

(Please fill out completely)

Fax or email completed form to: [info@icutvision.com](mailto:info@icutvision.com) or 262.348.0500

Company Name: \_\_\_\_\_

**FED TAX ID#** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: (Check One ) Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Date business started: \_\_\_\_\_ **DUNS #** \_\_\_\_\_

### **Owners, Principals or Authorized Officers:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

### **Please list three (3) Trade References:**

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Contacts Name: \_\_\_\_\_

Number of years with this company: \_\_\_\_\_ High Credit: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Number of years with this company: \_\_\_\_\_ High Credit: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Number of years with this company: \_\_\_\_\_ High Credit: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Bank Reference 1:**

Bank Name: \_\_\_\_\_ Acct # \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

**Bank Reference 2 (Optional):**

Bank Name: \_\_\_\_\_ Acct # \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Must be signed by Corporate Official, Partner or Owner)

**NOTE: Please return with properly executed Sales Tax Exempt Form - if applicable**