



# Credit Application

Date \_\_\_\_\_

**Please Note:** The IFSC Credit Department will analyze the application based on the information provided and may require additional information.

The Application must be signed by a corporate officer or the owner of sole proprietorships.

**Mail To:** IFSC  
1740 Wehrle Drive  
Williamsville, NY 14221  
Attn: Select Source New Accounts  
Fax (716) 616-8228

**Copy To:** Colorado Corporate Technology, LLC.  
1745 Shea Center Drive, Suite 400  
Highlands Ranch, CO 80126  
Fax (720) 489-3807

## GENERAL INFORMATION

Business Trade Name (DBA) \_\_\_\_\_

Business Legal Name (as it appears on business license) \_\_\_\_\_

Business Street Address (Street, City, State and ZIP Code) \_\_\_\_\_ Business Phone ( )

Billing Address (if different — Street, City, State and ZIP Code) \_\_\_\_\_ Business Phone ( )

Shipping Address (if different— Street, City, State and ZIP Code) \_\_\_\_\_ ( )

Officer/Owner Name Title E-mail Business Phone ( )

Officer/Owner Name Title E-mail Business Phone ( )

Purchasing Department Contact Title E-mail Business Phone ( )

Accounts Payable Contact Title E-mail Business Phone ( )

## SHIP-TO ADDRESS(ES) (Use Company letterhead to add additional addresses now or at a later time.)

Name, Address (Street, City, State and ZIP Code), Telephone Contact Name

Name, Address (Street, City, State and ZIP Code), Telephone Contact Name

Name, Address (Street, City, State and ZIP Code), Telephone Contact Name

## DESCRIPTION OF BUSINESS

This company is a (check one): Sole Proprietorship  Corporation — Private  Public  — incorporated in the state of \_\_\_\_\_

**Is this a Leasing arrangement?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, name of Lessor** \_\_\_\_\_

Length of time operating under the above business name: \_\_\_\_\_ D & B Number: \_\_\_\_\_

SIC number: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Tax Exempt ID: \_\_\_\_\_ (Please include a copy of the exemption certificate.)

What is your company's total annual revenue? \_\_\_\_\_ How many employees does your company have? \_\_\_\_\_

Please describe your company's business: \_\_\_\_\_

**BANK INFORMATION**

---

1st Bank	2nd Bank
Address	Address
Account Officer	Account Officer
Account Officer	Account Officer
Telephone Number	Telephone Number

**PRIMARY SUPPLIERS** (from related industries, for purchases during last 12 months – preferably in the USA)

---

Name, Address (Street, City, State and ZIP Code), Telephone	Account Number
Name, Address (Street, City, State and ZIP Code), Telephone	Account Number
Name, Address (Street, City, State and ZIP Code), Telephone	Account Number

**PARTIAL SHIPMENTS** (Amend as necessary using Company letterhead to notify Reseller)

---

Indicate preference below (check one):

- Partial shipments and invoices for product partially shipped will be accepted and paid according to terms set forth in this agreement.
- All orders must be shipped complete.

---

Attachment of preprinted credit disclosure information is acceptable provided this application is signed and dated.

This application is submitted by applicant to Ingram Financial Services Company ("IFSC") for the purpose of obtaining credit. IFSC reserves the right to decline credit to applicant and, in the event credit is extended to applicant, to change or revoke applicant's credit limit on the basis of changes in IFSC's credit policies or applicant's financial condition and/or payment record.

Applicant recognizes that IFSC is providing a valuable service by accepting the financial risk associated with product ordered from the trade vendor ("Reseller") shown in the "Copy To" block above. For orders for which this application is made, applicant agrees to issue purchase orders to the Reseller c/o IFSC and to remit payment for the products and services purchased pursuant to those purchase orders to the Reseller c/o IFSC. Applicant must take the necessary steps to ensure that IFSC is a valid vendor for the purposes of allocating invoiced amounts and issuing checks from applicant's Accounts Payable department.

IFSC may contact applicant directly in the event of issues related to an invoice created for product shipped to applicant under the name of Reseller. Applicant understands that the relationship between it and IFSC is the result of an agreement between IFSC and applicant's Reseller. IFSC does not desire to enter into a trade vendor relationship with applicant, and all contact related to product ordered should continue to be with Reseller.

By signing this application, applicant certifies that all information provided on this application is correct to the best of applicant's knowledge. Applicant hereby authorizes the references listed on this application to release credit and banking information to IFSC.

Terms are net 30 days. Additional terms and conditions applicable to this application are attached and require a signature.

Signed at \_\_\_\_\_ as of this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Officer/Owner: \_\_\_\_\_  
Authorized Signature Print Name and Title