



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

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 830 S. Mason Rd, Suite A7, Katy, TX 77450
 e-mail: sales@iceblueadv.com

BUSINESS CONTACT INFORMATION

| | | | |
|--|-----------------|----------|-----------|
| Name: | | Phone #: | Fax: |
| Company name: | | E-mail: | |
| Federal Tax ID #: | | | |
| Registered company address: | | | |
| City: | State/Province: | | Country: |
| Date business commenced: | Website: | | ZIP Code: |
| Sole proprietorship: <input type="checkbox"/> Partnership: <input type="checkbox"/> Corporation: <input type="checkbox"/> Other: | | | |

ACCOUNTS PAYABLE CONTACT INFORMATION

| | | |
|-------------|----------|---------|
| AP Contact: | Phone #: | E-mail: |
|-------------|----------|---------|

- TERMS OF PAYMENT -

Please read the following agreement carefully. By signing this agreement you agree to the terms and conditions as set forth below.

Ice Blue Advertising Open Account Agreement. Ice Blue Advertising (IBA) requires payment in full on the due date indicated on your invoice and monthly statement. Delinquent accounts shall be subject to the suspension of credit privileges. In addition, interest at the rate of 1.5% per month will be charges on all overdue invoices. In the event that suit is brought on any amount due by your company to IBA, you agree to a Texas venue, and to pay reasonable attorney's fees and necessary collection costs incurred in the collection of the said past due amounts, or collection agency costs or collection costs even if suit is not instituted. A non-sufficient funds check will require an immediate cash equivalent reimbursement and the payment of a \$45 return check fee. Please refer to our pricing guide for additional terms and general information. My signature on this application constitutes acceptance of these Terms of Payment.

A Signed copy of this agreement should be retained. The buyer acknowledges receipt of a copy of this agreement. The buyer authorizes Ice Blue Advertising to contact the banks and references listed below in order to obtain information necessary to process this application.

Print Name: _____ **Signature:** _____ **Date:** _____

CREDIT INFORMATION

| | |
|-----------------|------------------|
| Bank Name: | |
| Bank Address: | |
| Phone: | E-mail: |
| Account Number: | Type of Account: |

BUSINESS/TRADE REFERENCES

| | |
|---------------|-----------------------|
| Company Name: | City, State/Province: |
| Phone: | Fax: |
| E-mail: | |
| | |
| Company Name: | City, State/Province: |
| Phone: | Fax: |
| E-mail: | |
| | |
| Company Name: | City, State/Province: |
| Phone: | Fax: |
| E-mail: | |