

Credit Application

Business Information

Business Name:

Street Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Approximate amount of monthly credit requested: \$

Will be using a PO system? Yes No

Accounting Department Information

Contact Name:

Email:

Address:

City:

State:

Zip:

Phone:

Fax:

Banking Information

Name of Bank:

Account #:

Contact Name:

Email:

Address:

City:

State:

Zip:

Phone:

Fax:

Trade References

1. Company Name:

Account #:

Contact Name:

Email:

Address:

City:

State:

Zip:

Phone:

Fax:

CONTACT

INFORMATION

4900 SW Griffith Drive
Suite 251
Beaverton, OR 97005

p 844.4IDICIA

f 360.988.0940

w idicia.com

e info@idicia.com



Credit Application

Trade References (cont.)

2. Company Name:		Account #:
Contact Name:	Email:	
Address:		
City:	State:	Zip:
Phone:	Fax:	
3. Company Name:		Account #:
Contact Name:	Email:	
Address:		
City:	State:	Zip:
Phone:	Fax:	

For the intent of obtaining credit on an open credit account with IDICIA, I (we) hereby attest that the information presented herewith is accurate, and authorize the release of information to the credit department of IDICIA. I (we) understand that IDICIA's terms of payment are Full Payment due 30 days from invoice date, and that IDICIA may suspend terms in the event of past-due accounts. The undersigned also understands and agrees to IDICIA reserving the right to charge a service charge of 2% per month on all outstanding accounts. The undersigned also acknowledges that IDICIA will perform services at the highest possible level. We make no warranties as to the success rate of processing since this is largely determined by the quality of the input data file, thus the undersigned agrees to pay for services rendered in accordance with the quality of the information provided to IDICIA. Submission of this application to IDICIA by email, constitutes authorization for IDICIA to process the application, in which case, in the absence of an authorized signature, the information on this document shall be construed as true, the accompaniment of a printed email message to be taken as authorization of signature.

Signature of Authorizing Officer: **X**

Print Name:

Title:

Date of Signing:

**PLEASE FAX TO ACCOUNTING AT: 360-988-0940
OR SCAN AND EMAIL TO YOUR ACCOUNT MANAGER**

CONTACT INFORMATION

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