



APPLICATION FOR CREDIT

1. CUSTOMER INFORMATION

Legal Name _____
Tradestyle/DBA _____
Address _____
City & State _____

Credit Contact _____
Telephone No. _____

2. DUNS NO:

3. BANK REFERENCE:

Primary Bank _____
Address _____
City/State/Zip _____
Phone No. _____
Fax No. _____
Contact Person _____

Account No. 1. _____
2. _____

4. BUSINESS INFORMATION:

Parent Co. _____
Federal ID No. _____
Sales Tax E'mt. # _____

Are you a Corp., Partnership, Sole Prop.

NOTICE:

Without your signature below this application can not be processed.

An authorized agent of applicant must sign here:

_____ Date: _____

By my signature above, I authorize I-LINX, LLC to contact any and all references indicated above or attached hereto for credit verification purposes and for said references to release such information to I-LINX, LLC.

5. COMMUNICATIONS/TRADE SUPPLIERS

Reference #1 _____
Address _____
City/State/Zip _____
Telephone No. _____
Fax. No. _____
Contact Person _____

Reference #2 _____
Address _____
City/State/Zip _____
Telephone No. _____
Fax. No. _____
Contact Person _____

Reference #3 _____
Address _____
City/State/Zip _____
Telephone No. _____
Fax. No. _____
Contact Person _____

6. ANTICIPATED MONTHLY CREDIT REQUIREMENTS:

7. FINANCIAL INFORMATION

To facilitate processing of your credit application, please attach a copy of your most recent year end financial statement.

FOR I-LINX, LLC USE ONLY

Date Received _____

Date Completed _____

D&B Ordered D&B Rating _____

PAR _____ SIC _____

Approved, Declined, Deposit Req'd _____

Approved by: _____

Account No. _____