

CREDIT APPLICATION FORM



400 Production Court, P.O. Box 667
 Elizabethtown, KY 42702-0667
 Tel. (800) 538-1447
 Fax (270) 737-0419
 www.ihices.com

Company Name: _____

Street Address: _____ PH #: _____

City, State & Zip: _____ FAX #: _____

Contact Person: _____ Title: _____

E-Mail _____ Website _____

Parent Company (If Subsidiary): _____

Address: _____

Year Est.: _____ Corporation _____ Partnership _____ Others _____

Nature of Business: _____

	Name:	Title:	SS#:
PRINCIPALS	1) _____	_____	_____
	2) _____	_____	_____
	3) _____	_____	_____

	Name:	Contact:	Ph #:	Fax #:
BANK REFERENCES	1) _____	_____	_____	_____
	Address: _____		Acct #: _____	

	Name:	Contact:	Ph #:	Fax #:
	2) _____	_____	_____	_____
	Address: _____		Acct #: _____	

	Name:	Contact:	Ph #:	Fax #:
SECURED LENDERS	1) _____	_____	_____	_____
	2) _____	_____	_____	_____
	3) _____	_____	_____	_____

	Name:	Contact:	Ph #:	Fax #:
TRADE REFERENCES	1) _____	_____	_____	_____
	2) _____	_____	_____	_____
	3) _____	_____	_____	_____

Personal Guaranty (Required)

I (we) personally guarantee payment of any balance due on this account and any account of any successor corporation in which guarantor(s) has an interest including finance charges, collection charges and attorney's fees.

Signature:

Date:

Signature:

Date:

PREPARED BY: _____
Name & Title:

Date: