



Credit Application

1040 North Redmond Road – Jacksonville, AR 72076 (501) 982-7715
Submit completed application to: Fax (501) 982-9794 – Email: lfitts@icm-inc.us

BUSINESS INFORMATION

Company Name (Exact Legal Name):

Key Contact and Title:

Phone:

Fax:

E-mail:

Registered company address:

How long at current address:

City:

State:

ZIP Code:

Bonding Company:

Bonding Company Address:

Federal Tax ID #:

Duns # (if applicable):

C-Corp S-Corp Partnership General LLC

State of Incorporation:

Nature of Business:

BUSINESS OWNERSHIP

Principal Name:

% of Ownership:

SSN:

Phone:

Fax:

Email:

Address:

City:

State:

ZIP Code:

BANK REFERENCES

Bank name:

Contact Name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account: Savings Checking Other

Account number:

BUSINESS/TRADE REFERENCES

Company name:

Type of Account:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Type of Account:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

EQUIPMENT DETAIL

Type of Financing: EFA \$1 Buyout 10% PUT

Items to be Financed: New Used

Location of Equipment:

Sales Representative:

Number of Units:

Description of Equipment:

Desired Term (Months)

Cost:

AGREEMENT

- The above information is given for the purpose of obtaining credit and is warranted to be true. We affirm that we are financially able to meet our obligations and will remit in accordance to invoice terms (Sales: Net 30 Rentals: Net 10). I/We hereby authorize all of the above named persons or companies to release to ICM of America, Inc or its representatives, such information with regard to my/our personal credit history if necessary, in accordance with the Federal Fair Credit Reporting Act and to use the report in making decisions concerning credit worthiness for a 30 day account. I/We understand a personal guaranty may be required. If I/we refuse to sign this application, I/we will not be considered as a candidate for credit with ICM of America, Inc. A credit limit may be established at our discretion. Applicant agrees to pay any collection costs incurred to collect the unpaid balance, including interest on the unpaid balance, as allowed by state law and any reasonable fees. Additional, applicant authorizes the above financial institute(s) to release any checking, savings and/or loan information to ICM of America, Inc or its designee.
- Make checks payable to ICM of America, Inc. Mail all checks to P.O. Box 55281 – Little Rock, AR 72215. Payment terms will be reflected on the monthly statement and/or invoice. If your business should sell or close, it is the applicant's responsibility to advise ICM of America, Inc immediately.

SIGNATURE

Applicant and Title:

Date: