



ICY DOCK USA CORPORATION

New Account Request Form

Business Information		
Name of Business:		
Legal Name (If Different):		
Street Address:		
City State Zip Code:		
Phone Number Fax Number:		
Description of Business		
Federal ID Number:	Resell Permit Number:	
Nature of Business:		
Date Established:	Credit Requested:	Term Requested:
Number of Employee:	Annual Sales Volume:	D & B Number:L
Business Structure		
Business Structure: <input type="checkbox"/> Corporation o <input type="checkbox"/> Partnership o <input type="checkbox"/> Sole owner o <input type="checkbox"/> Division/Subsidiary <input type="checkbox"/> Other:		
Parent Company:		
In Business for:		
Company Principals Responsible for Business		
Name Title:		
Home Address:		
Social Security Number:	Home Phone Number:	
Name Title		
Home Address		
Social Security Number:	Home Phone Number:	
Name Title:		
Home Address:		
Social Security Number:	Home Phone Number:	
Bank References 1		
Name of Bank:	Contact Person:	
Branch:	Phone Number:	
Address:		
Checking Account # :	Saving Account # :	
Bank References 2		
Name of Bank :	Contact Person:	
Branch:	Phone Number:	
Address :		
Checking Account # :	Saving Account #:	



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New Account Request Form

Distributor Trade Reference		
Firm Name :		
Phone Number :	Fax Number:	
Address		
Account #:	Contact Person:	Term :
Manufacturer Trade Reference 1		
Firm Name:		
Phone Number:	Fax Number:	
Address:		
Account #:	Contact Person:	Term:
Manufacturer Trade Reference 2		
Firm Name :		
Phone Number:	Fax Number:	
Address :		
Account #:	Contact Person :	Term:
Manufacturer Trade Reference 3		
Firm Name :		
Phone Number :	Fax Number:	
Address:		
Account #:	Contact Person:	Term:
Confirmation of Information Accuracy and Release of Authority to Verify		
<p>I here by certify that the information in this credit application is correct. The information included in this credit application is for use by ICY DOCK USA. In determining the amount conditions of credit to be extended. I understand that ICY DOCK USA. may also utilize the other sources of credit, which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist ICY DOCK USA. in establishing a line of credit.</p>		
Authorized Signature:_____ Title:_____		
Print Name:_____ Date:_____		

Policy Statement: Initial order from new accounts will not be processed unless accompanied by the above requested information.

Terms: COD Company Check or Credit Card on date of invoice unless otherwise stated.

ICY DOCK USA. 11740 Clark St. Arcadia, CA 91006 Tel: 626.956.8800 Fax: 626.667.2149