



Information Required From		
Company Name		Date :
Address		
Phone		Fax:
Attention		

Company Name		A/c No.:
Address		
Phone		Fax:

Credit Department
ICY DOCK USA Corporation

For Information Provider Use Only	
Account Begin Date:	Date of Last Sale:
Current Credit Limit:	
Past Due Balance:	High Balance:
Payment Ratio: <input type="checkbox"/> Promptly <input type="checkbox"/> Slow Average How Many Days?	
Current Term: <input type="checkbox"/> C.O.D. <input type="checkbox"/> Net 1 <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30 <input type="checkbox"/> Other _____	
Account Rated: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Average <input type="checkbox"/> Unsatisfactory	
Any Comment About This Account?	
Information Provided By:	Title:
Print Name:	Date:

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