



To: _____ **From:** _____
Company: _____ **Date:** _____
Fax #: _____ **Subject: Confidential Credit Application**

Thank you for your recent inquiry with INDCO, Inc. Please fill out the following required information so that we may set up/update your account with our company. It is important that the information be accurate and complete so as to not delay the processing of your credit references to establish terms and a credit limit with INDCO, Inc. Please fax this page complete along with your reference page to the number listed at the bottom of this form. If you have any questions, please feel free to contact our Customer Service Department at (800)942-4383. Thank you in advance for your cooperation and prompt response.

REQUIRED INFORMATION

Company Name (Full Legal Name):			
Doing Business As (DBA):			
Billing Address:			
Shipping Address:			
Phone Number:		Fax Number:	
Accounts Payable Mgr.:	Purchasing Mgr.:		Owner/President:
E-Mail Address:		Nature of Business:	
Year Established:	Federal Tax ID Number:		Tax Exemption Number:
Has the company filed bankruptcy in past ten years? (If yes, please provide date filed.)			
<p>APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS: NET 30 DAYS. SIGNATURE ALSO GUARANTEES ALL INFORMATION FURNISHED IS ACCURATE AND FACTUAL, AND ALLOWS INDCO PERMISSION TO CONTACT ANY REFERENCE FOR VERIFICATION OF CREDIT WORTHINESS. IN THE EVENT A SUIT OR COLLECTION AGENCY IS NECESSARY TO COLLECT ANY AMOUNT, APPLICANT AGREES TO PAY INDCO'S REASONABLE ATTORNEY AND/OR COLLECTION FEES.</p>			
AUTHORIZED BANK ACCT			
HOLDER'S SIGNATURE _____		PRINT NAME _____	
TITLE _____		DATE _____	

References

Please submit at least **one (1) bank reference and three (3) trade references** complete with the following information:

- Bank or Company Name
- Fax Number
- Phone Number
- Address
- Email
- Applicable Account Number(s)

FAX COMPLETED FORM AND REFERENCES TO (800)942-9742 OR (812)944-9742