



ICAN, Inc.

6147 Penfield Lane • Solon • OHIO • 44139

Telephone 440.349.9924

FAX 440.349.9925

Solon, OH 44139

Date _____

CREDIT APPLICATION

ICAN Plastics Representative _____

Credit Line Requested: \$ _____

Company Name: _____ Duns Number: _____

(Trade Styles)

Other Business Names: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Numbers: _____

Web Address: _____ e-mail address _____

Type of Business:

Date Started _____

Federal I.D. Number: _____

or Social Security Number: _____

Corporation Date of Incorporation _____ State _____ Certificate No. _____

LLC

Partnership

Proprietorship

Is your company a DIVISION or SUBSIDIARY? ____ Yes ____ No;

If yes, Parent Company is: _____

NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE & FAX
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Are your purchases tax exempt? _____, if YES, indicate Certificate No. _____

(attach certificate copy)

Officers/Owners/Partners:

Officer Name _____ Title _____

Officer Name _____ Title _____

Officer Name _____ Title _____

Officer Name _____ Title _____

Payment Contact: _____ Title _____

Direct Numbers: Phone _____ Fax _____ e-mail _____

Purchasing Contact: _____ Title _____

Direct Numbers: Phone _____ Fax _____ e-mail _____

BANK REFERENCES

Name: _____ *Account Number:* _____

Address: _____

Phone: _____ *Contact:* _____

Name: _____ *Account Number:* _____

Address: _____

Phone: _____ *Contact:* _____

Signature Authorization for Bank Information: X _____

REFERENCES --

NAME: _____

ADDRESS: _____

PHONE: _____ *FAX:* _____

NAME: _____

ADDRESS: _____

PHONE: _____ *FAX:* _____

NAME: _____

ADDRESS: _____

PHONE: _____ *FAX:* _____

NAME: _____

ADDRESS: _____

PHONE: _____ *FAX:* _____

Financial Statements for the latest fiscal year are attached, or, are available through Dun & Bradstreet.

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our terms of sale as shown on each invoice, including late charges for past due invoices at 1.5% per month, (18% annual).

Applicant by signing this credit application agrees that should collection or legal action become necessary to obtain payment for credit purchases, all costs of collection, including, but not limited to collection agency fees, court costs, lien filing fees and other collection costs will be paid by the Applicant.

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize ICAN, INC. to investigate the references listed pertaining to our credit and financial responsibility.

Company Name: _____

By: _____ Title: _____