

Icoa Limited

Credit Application

Contact Person \_\_\_\_\_ Work Ph # \_\_\_\_\_

Home Ph # \_\_\_\_\_ Mobile Ph # \_\_\_\_\_

Street Address \_\_\_\_\_

P.O.Box # \_\_\_\_\_

Email Address \_\_\_\_\_

Corporate Account information only

Company \_\_\_\_\_

Manager's Name \_\_\_\_\_

Director 1 \_\_\_\_\_

Director 2 \_\_\_\_\_

Credit limit requested \_\_\_\_\_

Bankers Name & Ph # \_\_\_\_\_

Authorized Signatories \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name On Card \_\_\_\_\_

Visa    M/C    Amex    Other

**I/We agree to pay all amounts outstanding within 30 days. All overdue accounts will be charged 1.5% finance charge at the end of the month.**

**Signed** \_\_\_\_\_