



Dear Sir or Madam:

You have recently expressed a desire to do a business with our company. Our company policy states that all new customers are required to fill out an Application for Credit. Please sign the attached application for our files as soon as possible.

This application must be returned to us and in our files before any further business transactions are consummated. We will assume that, should you not return this form within a reasonable amount of time, that the terms of Cash on Delivery (C.O.D.) are acceptable.

Enclosed please find the Application for Credit. Please complete this application so that we may continue to serve you.

Please be sure to include 4-6 credit references with fax numbers and/or email addresses.

Credit applications can be filled out online at <https://icmcontrols.com/credit-application/>

Sincerely,

Credit Manager  
ICM Corporation

Encl: Credit Application  
Tax Equity Form

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**Customer Information**

**Customer Name:** \_\_\_\_\_

**Headquarters Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Number of Years at this Location:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**Please check the following: (✓)**

**Business Type:**  Aftermarket  OEM  International

**Type of Industry:**  HVAC/R  Pool & Spa  RV/Marine  Appliance

**Type of Customer:** \_\_\_\_\_ **If selected Buying Group, please specify:** \_\_\_\_\_

**Application for Credit**

**Billing:**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Are you represented in the state of New York:** \_\_\_\_\_ (Yes or No)

**Date Business Established:** \_\_\_\_\_ **Amount of Credit Desired:** \_\_\_\_\_

**Check One (✓):**  Individual Ownership  Partnership  Corporation  LLC or LLP

**Tax Status:** \_\_\_\_\_ (Please Enclose Certificate)

**Principal Owners or Officers: (Provide Name, Address, and Title)**

\_\_\_\_\_  
**Name Title Home Address Phone**

\_\_\_\_\_  
**Name Title Home Address Phone**

\_\_\_\_\_  
**Name Title Home Address Phone**

Phone: 315-233-5266 Fax: 315-452-0463  
7313 William Barry Blvd., North Syracuse, 13212



**References:** *(Please Provide a Listing of Six Current References)*

**Bank Reference:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Contact:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

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**\*\*\* To expedite processing, provide a financial statement. \*\*\***

I agree to keep within your terms if granted an open account. Should this account ever become delinquent and necessitate the employ of an attorney to collect or commerce suit to enforce payment, I agree to pay a reasonable additional sum for attorney fees, cost of such suite, principal, and interest payable in lawful money of the United States.

**Authorized Officer's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Accounts payable contact phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Email address for emailing invoices:** \_\_\_\_\_

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\*\*\*\*\*must be signed by a corporate officer or owner\*\*\*\*\*

**A SIGNATURE IS REQUIRED IN ORDER TO ESTABLISH CREDIT**

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish to ICM Corporation (hereafter "Creditor"), any and all information which may periodically be requested. Customer also agrees to pay for any and all deliveries under and pursuant to its accounts, whether ordered by the customer or by any person representing himself/herself/itself to be an agent, employee, or representative of the customer. Credit terms are at the absolute discretion of the Creditor who may terminate, alter, or deny any credit terms without notice and without cause. All sales on credit are "Net 30 Days", from date of invoice unless otherwise specified on the invoice. All past-due accounts accrue interest at 1½% per month on the declining unpaid balance. The Accrual of payment of interest does not authorize the customer to defer payment of any indebtedness beyond the credit terms state herein. In the event of delinquency of this account, wherein action is taken to collect the balance, the prevailing party therein shall be entitled to recover reasonable attorney fees in the addition to any other amounts.

**Firm Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

In many instances, the bank requires a signature from an authorized person, in order for us to obtain any information concerning your account. To expedite your credit with us, please complete the following.

I, \_\_\_\_\_ do hereby authorize \_\_\_\_\_ Authorized Person's  
**(Name)** **(Name of Bank)**

**To release information concerning out account to ICM Corporation.**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

Please return Credit Application as soon as possible. Credit terms will not be established until it is returned completed and signed. Thank you.

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Ladies & Gentlemen:

In compliance with sales and Use Tax Laws, it is necessary that we have from all our customers a signed re-sale certificate, with their State Sales Tax Permit Number, to show that the merchandise has been purchased for re-sale.

The good faith of the seller will be questioned if he has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property as, for example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling that kind of merchandise.

Under "Description of property to be purchased" there may appear:

1. Either as itemized list of the particular property to be purchased for resale, or
2. A general description of the kind of property to be purchased for resale. Such certificate is good until revoked in writing.

Please insert your SALES TAX PERMIT NUMBER, ALONG WITH YOUR SIGNATURE AND RETURN IT TO US AT ONCE.

Thank you for your cooperation in this matter.

Best Regards,

Credit Manager

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**PLEASE COMPLETE & RETURN THE FOLLOWING:**

**Company Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Corporation:** \_\_\_\_\_ **Partnership:** \_\_\_\_\_ **LLC:** \_\_\_\_\_ **PLLC:** \_\_\_\_\_

**Federal ID Number:** \_\_\_\_\_ - \_\_\_\_\_ **or** **Social Security Number**----- \_\_\_\_\_

I Certify, under the penalties of perjury, that the above information is correct and true to the best of my knowledge.

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**(Signature)**

**(Title)**

**(Date)**

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