



# Customer Information and Credit Application

## GENERAL INFORMATION

|                                |  |   |        |          |       |
|--------------------------------|--|---|--------|----------|-------|
| Legal Business Name            |  |   |        |          |       |
| Business Trade Name - DBA      |  |   |        |          |       |
| Business Street Address line 1 |  |   |        |          |       |
| Business Street Address line 2 |  |   |        |          |       |
| City, State, ZIP and Country   |  |   |        |          |       |
| School Served                  |  |   |        |          |       |
| Telephone                      |  | Website                                   |        |          |       |
| Fax                            |  | Date Business Established and State       |        |          |       |
| Federal ID                     |  | Business Type                             | C Corp | S Corp   | Other |
| SAN Number                     |  | Sales Tax Exempt ID & State (attach copy) |        |          |       |
| Store Manager                  |  | Semesters                                 |        | Quarters |       |

## TYPE OF SCHOOL (check one on each row)

|                   |         |        |                  |
|-------------------|---------|--------|------------------|
| Public            | Private | Online | Other            |
| Community College | 4-Year  | K-12   | Other (describe) |

## OWNER OR PARENT COMPANY INFORMATION, if applicable

|                              |  |
|------------------------------|--|
| Name                         |  |
| Street Address               |  |
| City, State, ZIP and Country |  |
| Telephone                    |  |
| Ownership %                  |  |

## BILLING INFORMATION

|                                       |  |         |  |               |  |
|---------------------------------------|--|---------|--|---------------|--|
| Billing Street Address (if different) |  |         |  |               |  |
| Billing City, State, ZIP and Country  |  |         |  |               |  |
| Email 1 for Invoices and Credits      |  | Email 2 |  |               |  |
| Email for Monthly Statements          |  |         |  |               |  |
| Primary Billing Contact Name          |  |         |  |               |  |
| Telephone                             |  | Fax     |  | Contact Email |  |

## ORDERING INFORMATION

|   |  |       |  |       |  |
|---|--|-------|--|-------|--|
| Shipments Direct to Students Permitted?                           |  |       |  |       |  |
| Authorized Purchaser Information (for creation of website access) |  |       |  |       |  |
| Name  |  | Title |  | Email |  |
| Name  |  | Title |  | Email |  |
| Name  |  | Title |  | Email |  |

## HOW TO SHIP

|  |               |  |                 |               |  |
|--|---------------|--|-----------------|---------------|--|
| Use my account                             |               |  |                 |               |  |
| Small Package Shipments                    | UPS Account # |  | Fedex Account # |               |  |
| LTL Shipment Preferred Carrier & Account # |               |  | Weight Break    |               |  |
| Equipment Required                         | Lift Gate     |  | Pallet Jack     | Driver Assist |  |
| Ship and bill me for freight               |               |  |                 |               |  |

**SHIPPING INFORMATION (attached additional sheet as needed)**

|                                    |   |     |  |       |  |
|------------------------------------|---|-----|--|-------|--|
| Location Number                    | 1 |     |  |       |  |
| Shipping Street Address            |   |     |  |       |  |
| Shipping City, State, ZIP, Country |   |     |  |       |  |
| Telephone                          |   | Fax |  | Email |  |

|                                    |   |     |  |       |  |
|------------------------------------|---|-----|--|-------|--|
| Location Number                    | 2 |     |  |       |  |
| Shipping Street Address            |   |     |  |       |  |
| Shipping City, State, ZIP, Country |   |     |  |       |  |
| Telephone                          |   | Fax |  | Email |  |

**PAYMENT INFORMATION**

|   |
|---|
| I would like to purchase with credit card at time of shipment (provide info at time of order) |
|---|

|   |  |           |  |       |  |
|---|--|-----------|--|-------|--|
| I would like to purchase on account with Net 30 terms. Three of my current inventory suppliers are: |  |           |  |       |  |
| Trade Reference 1 Name  |  |           |  |       |  |
| Trade Reference 1 Address   |  |           |  |       |  |
| Trade Reference City, State and ZIP   |  |           |  |       |  |
| Contact   |  | Telephone |  | Email |  |

|                                     |  |           |  |       |  |
|-------------------------------------|--|-----------|--|-------|--|
| Trade Reference 2 Name              |  |           |  |       |  |
| Trade Reference 2 Address           |  |           |  |       |  |
| Trade Reference City, State and ZIP |  |           |  |       |  |
| Contact                             |  | Telephone |  | Email |  |

|                                     |  |           |  |       |  |
|-------------------------------------|--|-----------|--|-------|--|
| Trade Reference 3 Name              |  |           |  |       |  |
| Trade Reference 3 Address           |  |           |  |       |  |
| Trade Reference City, State and ZIP |  |           |  |       |  |
| Contact                             |  | Telephone |  | Email |  |

**BANK REFERENCE**

|                          |  |           |  |       |  |
|--------------------------|--|-----------|--|-------|--|
| Bank Name                |  |           |  |       |  |
| Bank Address             |  |           |  |       |  |
| Bank City, State and ZIP |  |           |  |       |  |
| Contact                  |  | Telephone |  | Email |  |

This application and agreement is submitted by applicant to indiCo, LLC, an Ohio corporation, to obtain trade credit. indiCo reserves the right to decline credit to any applicant. In the event credit is extended to applicant, indiCo reserves the right at any time to change or revoke such credit for any reason including but not limited to credit policy changes, applicant's financial condition, applicant's payment record and applicant's use of such credit. All sales will be subject to standard Sales Terms and Conditions as published on indiCo 's website at [www.goindiCo.com](http://www.goindiCo.com). Any variance from these terms and conditions will be effective only if agreed to in writing prior to time of sale.

Applicant hereby agrees to the foregoing and authorizes the release of credit and banking information to indiCo, LLC by the trade and bank references listed on this application.

**OWNER/OFFICER/PARTNER/DIRECTOR**

|           |  |      |  |
|-----------|--|------|--|
| Name      |  |      |  |
| Title     |  |      |  |
| Signature |  | Date |  |