



Italcream inc.

3871 S. VALLEY VIEW BLVD. UNIT 45
LAS VEGAS, NV 89103
TEL. (702) 873-2214 FAX. (702)873-9388
www.italcream.com

CREDIT APPLICATION

Company Name: _____ Resale Certificate/TaxIDNo: _____

Billing Address: _____ Shipping Address: _____

Phone No: _____ Fax No: _____

Principal (Guarantor): _____ Home Address: _____

Social Security No: _____

Phone No: _____

Type of Business (check one): Corporation _____ Partnership _____ Proprietorship _____

Description of Business: _____ Years in Business: _____

BANK REFERENCE:

Bank: _____ Account No: _____

Address: _____ PhoneNo: _____

_____ Fax No: _____

_____ Contact: _____

TRADE REFERENCES:

Company: _____ Account No: _____

Address: _____ PhoneNo: _____

_____ Fax No: _____

_____ Contact: _____

Company: _____ Account No: _____

Address: _____ PhoneNo: _____

_____ Fax No: _____

_____ Contact: _____

Company: _____ Account No: _____

Address: _____ PhoneNo: _____

_____ Fax No: _____

_____ Contact: _____

I/we hereby certify the above information is accurate and correct to the best of my knowledge. I/we accept full responsibility for complete payment of invoices which are obligated to us by our authorized personnel. I/we understand that terms of payment are 30 days net and that late payments are subject to a 1.25% monthly surcharge (15% annum). Should Italcream Inc. institute legal action to collect any outstanding past due invoices, I/we agree to pay actual attorney fees incurred and all court costs in connection with such action. I authorize you to check my credit history and bank reference information regarding my account.

Signed: _____ Date: _____

PERSONAL GUARANTEE: The undersigned hereby personally guarantees payment of any and all indebtedness of the above account and hereby agrees to be bound by the above terms and conditions.

Signed: _____ Date: _____