



MICON INDUSTRIES CREDIT APPLICATION

fax to (250) 378-6336

Company Name: _____

Phone #: _____ **Fax #:** _____

Bill To Address:

Ship To Address:

Type of Business: Corporation _____ Partnership _____ Proprietorship _____ Other _____

Date Established: _____ **Credit Amount Requested:** _____

Owner(s): _____

Contact Name (Accounts Payable) _____

Bank: _____ **Account#** _____

Bank Phone# _____ **Account MGR** _____

CREDIT REFERNCES

COMPANY NAME	PHONE #	FAX #

Credit Terms / Conditions:

1. It is hereby agreed that any invoices will be payable within thirty (30) days from billing date.
2. It is hereby understood and agreed that an investigation of your credit history may be carried out in conjunction with this application.
3. Delinquent accounts are subject to cancellation without notice with subsequent third party action.
4. It is hereby understood and agreed to that should these terms / conditions be altered in any way, this application will be declined.
5. It is understood that the Credit References provided above may be used to determine the credit worthiness of customer.

Signature & Title of Signing Officer

Name (Print Clearly)

Office Use Only

Approved By: _____ **Date:** _____

Credit Limit Approved: _____