

# iControls

## Credit Application

<b>Company Name:</b>		
<b>Owner/President's Name:</b>		
<b>A/P Contact:</b>		
<b>A/P Contact email:</b>		
<b>Billing Address:</b>		
<b>Telephone:</b>		<b>Fax:</b>
<b>Type of Business:</b>		
<b>Date Established:</b>		
<b>GST/PST Number:</b>		

<b>Bank Name &amp; Branch #:</b>		
<b>Bank Address:</b>		
<b>Bank Contact:</b>		
<b>Bank Telephone:</b>		

<b>Trade Reference 1:</b>		
<b>Contact Name:</b>		
<b>Contact Email:</b>		
<b>Address:</b>		
<b>Telephone:</b>		<b>Fax:</b>
<b>Trade Reference 2:</b>		
<b>Contact Name:</b>		
<b>Contact Email:</b>		
<b>Address:</b>		
<b>Telephone:</b>		<b>Fax:</b>
<b>Trade Reference 3:</b>		
<b>Contact Name:</b>		
<b>Contact Email:</b>		
<b>Address:</b>		
<b>Telephone:</b>		<b>Fax:</b>

As an authorized officer of this company, I hereby certify the above information is complete and accurate. This information has been freely provided with the understanding that it will be used to establish the amount and conditions of the credit to be extended to our company by iControls. Furthermore, I authorize all parties listed in this credit application to release necessary information to iControls Inc. in order to establish and verify my company's credit standing.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_