



Inter-City Supply Co., Inc  
8830 S. Dobson Ave • Chicago, IL 60619  
(773) 731-8007 • Fax (773) 731-9115

**NEW ACCOUNT FORM / CREDIT APPLICATION**

BILL TO:	
Company: _____	
Address: _____	
City: _____	
State: _____	Zip: _____
Ph: (        )	
Fax: (        )	
E-mail: _____	
Is a Purchase Order Required on Orders? <b>Y</b> <b>N</b>	

SHIP TO:	
Company: _____	
Address: _____	
City: _____	
State: _____	Zip: _____
Ph: (        )	
Fax: (        )	
E-mail: _____	

Owner/ Buyer: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Business is:    Proprietorship    \_\_\_\_\_    Partnership    \_\_\_\_\_

Assistant Buyer: \_\_\_\_\_  
 Years Established: \_\_\_\_\_  
 Corporation    \_\_\_\_\_

**NAME OF PRINCIPALS AND CONTACTS**

1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

Title: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Title: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Title: \_\_\_\_\_ Extension: \_\_\_\_\_

**REFERENCES**

Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Ph: \_\_\_\_\_

Account #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Trade Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Ph: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Trade Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Ph: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Trade Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Ph: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_  
 Sales Representative: \_\_\_\_\_

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

**Internal Use:**

Acct #:	Price Code:
Cr. Limit:	Industry Class:
Terms:	Sales Rep #: