



Commercial Application for Credit and Service

PLEASE PRINT OR TYPE ALL INFORMATION

Agent Rep Name	Agent I.D.	Product Type Dial _____ VISIP _____ Partial VISIP _____ Hosting _____	
Applicants Complete Name (If incorporated, print exactly as shown on corporate charter)		Date of Incorporation	State of Incorporation
Date Business Started		Taxpayer I.D.	
Street Address	City	State	Zip Code + 4
Billing Address	City	State	Zip Code + 4
Main Business Phone #	Type of Business (Required)		

Principal Partners, Major Shareholders (list complete names of all principals, partners, and major shareholders)

<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Private Corporation <input type="checkbox"/> Public Corporation: Stock Symbol	
Owner's Name	Social Security #
Partner's Name	Social Security #
Officer's Name	Title
Officer's Name	Title

References

Bank Name	Phone #	Fax #
Lending Officer	Account #	
Previous or Existing Local Service Provider	Previous or Existing Local Service Provider	

General Trade References (businesses with whom Applicant has traded in last 12 months)

Firm	Contact Name	Phone #	Fax #
Firm	Contact Name	Phone #	Fax #
Firm	Contact Name	Phone #	Fax #

Usage and Credit Limit Information

Applicant's Estimated Monthly Usage \$ _____	Applicant's Requested Credit Limit \$ _____
If estimated monthly usage or anticipated usage within the next six months is greater than \$30,000, please attach applicant's financial statement.	

Authorization of Credit Investigation: Applicant authorizes Innovative Communication Solutions to investigate its credit and understands that Innovative Communication Solutions may also utilize other sources of credit, which it considers necessary. Such information will be held in strict confidence. Applicant agrees to indemnify and hold Innovative Communication Solutions or any other person harmless from all liability, damage or expenses arising from or relating to any and all credit investigations Innovative Communication Solutions.

Applicant's Signature

Date

Applicant's Name (please print)

*Fax to: 410-749-5418
Attention Shannon Perry*