



Industrial Custom Products

New Customer Credit Form

New Customer Name: _____
New Customer Address: _____

New Customer Phone: _____
New Customer Fax: _____
Customer A/P Contact: _____
ICP Account Salesperson: _____
DUNS # _____

Bank Name: _____
 Branch: _____
 Phone: _____

Credit References

Vendor #1 Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Fax: _____

Vendor #2 Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Fax: _____

Vendor #3 Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Fax: _____

Please complete and fax to (612) 781-1144 - Attn: Accounting Department