



3050 North Andrews Ave. Ext. Pompano Beach, Fl. 33064
Tel: 866-997-9009 Fax: 954-827-5900 sabrina@icrealtime.com

Credit Application

Legal Name of Applicant (s): _____
Trade Names of Applicant (s): _____ EIN or SSN: _____
Officers / Owners Name: _____ Title: _____
Mailing Address (Business): _____
Telephone: () _____ Fax: () _____ Web Site: _____
DUNS #: _____ Date Business Established: _____ This Location: _____
Previous Location (If less than 2 Years) _____
Entity (Circle One) Corporation Limited Liability Co Partnership Proprietorship
Terms Requested: Net Terms Credit Limit _____ COD: _____ Prepaid: _____
Shipping Address: _____
A/P Contact: _____ Phone Contact: _____
Email: _____
IC Realtime Sales Representative: _____

Bank Trade References and Current Financial Statements are required for Net Terms:

Bank References: (1) _____ (2) _____
Fax Number: _____
Phone Number: _____
Account Numbers: _____
Bank Holds Security Interest? YES NO

Trade References:

Name	City/ State	Telephone #	Fax #	Account#

In Consideration of the Extension of Credit by IC Realtime Inc. Applicant Agrees to the Following Terms:

1. The payment terms are net 30 days.
2. Current or year and financial statements will be supplied to IC Realtime Inc. upon request.
3. In the event of a default in payment, if the account is placed with any attorney or collection agency, applicant agrees to pay all the expenses and costs of collection to include reasonable attorney fees.
4. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF FLORIDA, COUNTY OF BROWARD AND APPLICANT CONSENTS TO THE JURISDICTION OF COURT OF THE STATE OF FLORIDA FOR BROWARD COUNTY OR ANY FEDERAL DISTRICT COURT HAVING JURISDICTION THEREIN FOR THE DETERMINATION OF ALL DISPUTES ARISING UNDER THIS AGREEMENT.
5. Applicant authorizes IC Realtime Inc or any credit bureau or other investigative agency employed by IC Realtime Inc. to investigate the references listed herein for verification and to thereafter obtain, from time to time, credit reports to evaluate its creditworthiness.
6. Applicant understands that this debt is non transferable, stays with the applying company as well as the personal guarantor.

Print Full Name Date Title Signature

PLEASE FAX BACK COMPLETED CREDIT APPLICATION TO (954)827-5900



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CREDIT APPLICATION / AGREEMENT FORM

THE FOLLOWING SECTION MUST BE COMPLETED IF DEALER IS NOT INCORPORATED PRINCIPLE (OWNER / PARTNER) INFORMATION Individual who is either a principal of the credit applicant or a sole proprietor of the credit application, recognizes that his or her individual credit history may be affected by the payment history of the organization. The applicant hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above names business credit evaluation process.

Name of Owner, Partners or Officers and Titles:

Names: (1) _____ (2) _____

Addresses: _____

Social Security #: _____

Home Telephone: _____

Previously Filed for Bankruptcy: Yes / No Date Filed: _____ Status: _____

If the Applicant Identified is a Partnership, the Following Personal Guarantee Must be Signed by All Partners; If a Corporation, it Must be Signed by at Least Two Officers; If a Limited Liability Company, It Must be Signed by the Manager.

PERSONAL GUARANTEE

As an inducement for IC Realtime Inc. (Creditor) to extend credit to _____ hereof, and also in consideration therefore the undersigned, hereby guarantee to the Creditor, absolutely and unconditionally, jointly and severally, the prompt payment of any indebtedness of the Applicant when due, without regard for the validity regularity or enforceability thereof as to the Applicant. The Guarantors agree to pay any finance charges which may accrue on the account of the Applicant and to reimburse the Creditor for all expenses (including the costs of collection inclusive of reasonable attorney fees and disbursements incurred by the Creditor in connection with any indebtedness of the Applicant, the collection thereof, or the enforcement of this Personal Guarantee. The Guarantors waive notice of acceptance of this Personal Guarantee, the extensions of credit to the Applicant, demand for payment of the indebtedness of the Applicant, notice of default in payment by the Applicant, all other notices to which the Guarantors might otherwise be entitled under this Personal Guarantee. This is a guarantee of payment and not of collection, and the Guarantors further waive any right to require that action be brought against the Applicant or any other person. The Creditor shall have the right to discharge or release any one or more Guarantor from any obligation hereunder, in whole or in part, without in any way releasing, impairing or affecting their rights against any other Guarantors. No delay of failure on the part of the Creditor in exercising any rights hereunder shall operate as a waiver of the obligation of the Guarantors.

Dated: _____

Guarantor

Signatures: _____

Print Names: _____

Social Security Number: _____

Home Address: _____

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CREDIT RELEASE AUTHORIZATION

For the purpose of obtaining merchandise on credit,

I Authorize:

Your Bank Name: _____ Contact Person: _____

Address: _____ City: _____

State: _____ Zip: _____ Fax Number: _____

Phone Number: () _____ Complete Account Number: _____

To release credit information, including average bank balance, to:

**IC REALTIME, LLC.
3050 N. Andrews Ave. Ext.
Pompano Beach, Fl. 33064
(954) 772-5327**

As an inducement to grant credit, the undersigned agrees to IC Realtme Inc. right to obtain the credit history of the undersigned and authorizes the release of such information by signature here,

Signature: _____ Printed Name: _____

Title: _____ Date: _____

If you are operating in the State of Florida, please submit form DR-13.

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Credit Card Authorization Form

Your completion of this authorization form will help us protect you from credit card fraud. All information entered on this form will be kept strictly confidential. Your authorization will be needed upon any order being shipped to an address different than the billing address or when an international credit card is used.

Directions:

- 1) Fill out and complete the entire form legibly with a dark pen. The card holder must sign on the line indicated. We reserve the right to verify the provided information with your Credit Card Issuing Bank.
- 2) Include a photocopy of the front and back of the signed credit card (only when requested by IC Realtime LLC, sales contact personnel).
- 3) Fax to **(954) 827-5900** or scan and email the completed form and send it to **sabrina@icrealtime.com** to fulfill your order.

Please complete the information below:

I, the undersigned hereby understand **ICRealtime, LLC.** policies, terms and conditions and authorize **ICRealtime, LLC.** to charge my credit card account as designated below wherein all applicable taxes, shipping and handling charges will be included.

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name:	_____			
Company Name:	_____			
Credit Card Number:	_____			
Expiration Date:	_____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	_____			
All invoices will be due upon the payment terms stated on your invoice. By signing this document, you are giving ICRealtime LLC, consent to automatically run the credit card for any invoices not paid upon the due date.				

SIGNATURE _____

DATE _____

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