



**ICON MACHINE TOOL, INC.**

12473 Robyn Road ~ St. Louis, MO 63127

**NEW CUSTOMER SETUP**

**GENERAL INFORMATION**

Company \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street City State Zip

Shipping Address \_\_\_\_\_  
Street City State Zip

Owner(s) \_\_\_\_\_ Social Security # \_\_\_\_\_  
\_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Nature of Business \_\_\_\_\_ Yrs in Business \_\_\_\_\_ Yrs of Experience \_\_\_\_\_

Federal I.D. No. \_\_\_\_\_ State I.D. No. \_\_\_\_\_

Corporation <sup>REQUIRED</sup> \_\_\_\_\_ State of Inc. \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_

**TRADE REFERENCES**

Name _____	Name _____	Name _____
City/State _____	City/State _____	City/State _____
Phone _____	Phone _____	Phone _____
Contact _____	Contact _____	Contact _____

**CREDIT APPLICATION - BANK REFERENCE / RELEASE FORM**

*\*COMPLETE THIS SECTION IF YOU ARE APPLYING FOR AN ACCOUNT WITH ICON (terms net 10)*

Bank \_\_\_\_\_ Attention \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Account Number(s) # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Icon Machine Tool, Inc. will be requesting information by fax on all accounts maintained at your bank.  
Please accept this release as authorization to provide the requested information.

X \_\_\_\_\_ Date \_\_\_\_\_  
Customer Signature