



Physical Address:
1514 S. Sheldon Rd.
Houston, TX 77015

Mailing Address:
P.O. Box 310
Channelview, TX 77530

Accounts Receivable: (713) 378-3902
Accounts Receivable: ikgarmailbox@harsco.com

APPLICATION FOR CREDIT

COMPANY INFORMATION:

Legal Name/DBA: _____ phone: () _____
Physical Address: _____ City/State/Zip: _____
Billing Address: (same as above Y/N) _____ City/State/Zip: _____
Accounts Payable Contact: _____ phone: () _____ email: _____

BUSINESS INFORMATION:

EIN Number: _____ DUNS Number: _____
Date Formed: _____ Business type: _____
Contractor's License # _____ Monthly Credit Required: _____
Structure: Proprietorship: Partnership: Corporation:
Subsidiary Information: Name: _____ Location: _____ State incorporated in: _____

OWNERS/PARTNERS/OFFICERS INFORMATION:

Name: _____ Title: _____
Address: _____ phone: () _____
Name: _____ Title: _____
Address: _____ phone: () _____

BANK REFERENCES: *Please include reference for loans, mortgages, or notes payable - additional pages may be added*

1. Name: _____ Contact: _____
Address: _____ phone: () _____
Account No: _____ email: _____
Loan Information: Line of Credit: Term Loan: Other:
Secured: Yes No If Secured, By: _____

TRADE OR BUSINESS REFERENCES: *References should relate to the amount of credit requested*

**** email address are required for prompt processing ****

1. Name: _____ Address: _____
phone: () _____ email: _____
2. Name: _____ Address: _____
phone: () _____ email: _____
3. Name: _____ Address: _____
phone: () _____ email: _____
4. Name: _____ Address: _____
phone: () _____ email: _____
5. Name: _____ Address: _____
phone: () _____ email: _____

BILLING REQUIREMENTS:

1. Purchase Order Required: **Yes** **No**

2. Sales Tax Exempt**: **Yes** **No**

**** Please provide tax exemption certificate with application to avoid processing delays or email directly to salestaxIKG@harsco.com****

INVOICING / DOCUMENTATION INSTRUCTIONS AND AUTHORIZATION:

The preferred method of document exchange is electronic via secured email delivery. Utilizing this option will promote quicker processing times and improve traceability, allowing your business to operate without delay. Please indicate your preference to utilize this option by checking (✓) below and completing the necessary information:

Yes, I (we) to receive the following documents documents by email as indicated below:
(PLEASE PRINT CLEARLY)

Invoice submission email: _____

Bill of Lading e-mail: _____

Sales Acknowledgment e-mail: _____

No, I (we) do not wish to receive these documents by email, please provide these documents by regular mail.

Kindly provide a copy of current/recent Financial Statement(s)

**** All information is kept strictly confidential and is for the sole use of IKG's Credit Department. ****

I (we) understand that the information furnished to you in this application is for the purpose of obtaining open account credit for my (our) business. I am (we are) authorized in my (our) capacity to bind my (our) business accordingly to the following terms and conditions:

1. I (we) will pay the amount or amounts due based on the terms of IKG invoices which are NET 30 DAYS.
2. On all past due invoices, I (we) agree to pay a service charge of 1.5% per month, 18% per annum or, if less, the maximum allowed by law.
3. In the event that a delinquent account is placed in the hands of a collector or attorney for collection, or suit is instituted on this delinquent account, I (we) agree to pay, in addition to the amount of the delinquent amount and interest, all costs of collecting including court costs, collector's and or attorney's fees.

Agreement Accepted For: _____
(Company Name)

Authorized Principal/Officer: _____ **Date:** _____
(Signature)