

**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@ikg.com](mailto:ikgarmailbox@ikg.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(required): \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

phone: ( ) \_\_\_\_\_ email(required): \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

phone: ( ) \_\_\_\_\_ email(required): \_\_\_\_\_

4. Name: \_\_\_\_\_ Address: \_\_\_\_\_

phone: ( ) \_\_\_\_\_ email(required): \_\_\_\_\_

5. Name: \_\_\_\_\_ Address: \_\_\_\_\_

phone: ( ) \_\_\_\_\_ email(required): \_\_\_\_\_

---

**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@ikg.com](mailto:salestaxIKG@ikg.com)\*\***

**INVOICING / DOCUMENTATION INSTRUCTIONS AND AUTHORIZATION:**

The preferred method of document exchange is electronic via secured email delivery. Please complete the necessary information:

(PLEASE PRINT CLEARLY)

Invoice submission email: \_\_\_\_\_

Bill of Lading e-mail: \_\_\_\_\_

Sales Acknowledgment e-mail: \_\_\_\_\_

**Please send a request to [ikgarmailbox@ikg.com](mailto:ikgarmailbox@ikg.com) for ACH information prior to sending payment**

---

**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)