

Credit Application

IR Incorporated
512 18th Street Orlando, FL 32805
407-423-7882 Fax – 407-425-1549
survey@irincorporated.com



Company Name _____ Federal ID # _____

Billing Address _____

Street Address _____

Phone Number _____ Fax Number _____

AP Contact _____ Email _____

Email address for invoices from IRI _____

Year Established _____ Corporation _____ Partnership _____ Proprietorship _____

Officers and/or Owners

Name	Title	Address	SS#
_____	_____	_____	_____
_____	_____	_____	_____

Trade Reference

Name	Fax Number or Credit Contact Email
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

Have you ever declared bankruptcy _____ If yes, Explain _____

Conditions of credit: All past due balances are subject to a monthly service charge or 1.5%. In the event that legal action be instituted to recover sums past due, IR Incorporated shall be entitled to recover it's cost and costs of collection, including reasonable attorney's fees.

I understand IR Incorporated's terms are Net 30 days and agree to pay within these terms.

I authorize IR Incorporated to verify the above information.

Officer Signature _____ Date _____

Print Name _____ Title _____