



Ike Trading Co., Ltd.

8905 S.W. Nimbus Ave., Suite 475A, Beaverton, OR 97008, USA
Tel: (503) 643-6688, Fax: (503) 641-7335

CREDIT APPLICATION

COMPANY NAME:

Corporate or other name (if different)			
Mailing Address	City	State	Zip
Business Telephone		Business Fax	
Business Entity is		Sole Proprietorship	Partnership Corporation
If Corporation, give state incorporated in		Federal Tax ID No.	
If Sole Proprietorship or Partnership,		Owner's Social Security No.	
Describe Type of Business		In Business Since	No. of Employees

NAME OF OWNERS AND PARTNERS

Full Name	% Ownership	E-Mail Address

NAME OF OFFICERS

Full Name	Title	E-Mail Address

BANK REFERENCE

Name of Bank	Branch
Mailing Address	
Credit Department Phone	Credit Department Fax
Contact Person & Title	E-Mail Address
Type of Account	Account No.

TRADE REFERENCES (with whom you have established credit)

Name	E-Mail Address	Tel./Contact	How Long

Additional comments to expand on anything above or assist in determination of credit worthiness:

I, the undersigned, warrant the financial information above to be true, correct, and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification.

Signature

Title

Date



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BANK CREDIT REFERENCE FORM

Bank Contact: _____ Date: _____
Bank Name: _____
Bank Fax No: _____

Dear Bank Officer:

We are authorizing the bank to release information about our accounts: Outstanding, credit line, and payment history, to Ike Trading Co., Ltd. To be used explicitly for the establishment of credit. This information is to be kept in the strictest of confidence.

Applicant Signature: _____
Print Name: _____
Title: _____
Company: _____
Bank Account No: _____

Dear Bank Officer:

Your bank reference was provided to us by the above-mentioned company in an application for credit with our company. Please assist us by providing the following information:

Date Account opened _____ Average Monthly Balance _____

Credit Rating (Select one):

Excellent Good Fair

Loans: No Yes

1 - If yes, payments timely? No Yes
 If payments not timely, average time overdue _____

2 - Outstanding Balances _____

Any history of NSF checks: No Yes

 If yes, please elaborate _____

Any additional comments/Bank recommendation: _____

Replies may be received by fax at 503-270-5025. Information furnished will be held in strict confidence.

Sincerely,

Accounting Department