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INTUICOM CREDIT APPLICATION

Company Name: _____

Shipping Address: _____

Billing Address (if different): _____

Phone Number: _____ Fax Number: _____

Buyer: _____ Email Address: _____

A/P Contact: _____ Email Address: _____

D&B Number: _____

EIN Number: _____

Tax Exempt Number (if applies): _____

Resale Certificate Number (if applies): _____

Structure of Business Entity (Corporation, sole proprietorship, etc): _____

Social Security Number if Sole Proprietorship: _____

How many years has your company been in business? _____

What application will the Intuicom solution be used in? _____

Credit Limit requested: _____

Business Credit References (3 required):

Company Name: _____

Address: _____

Contact Name: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

Account Number (if applicable): _____

Company Name: _____

Address: _____

Contact Name: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

Account Number (if applicable): _____

Company Name: _____

Address: _____

Contact Name: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

Account Number (if applicable): _____