



ICS Components Co., Ltd  
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## Application for Credit Account

### Your Company Details

Company Name		
Registration Nr.	VAT Nr.	Date Established
Invoice Address		Delivery Address (if different)
Post Code		Post Code
Phone Nr.		Fax Nr.
Associated Companies		
Product Manufactured		
Total Purchase / Month		Estimated Monthly Spend with ICS

### Your Bank Details

Bank	Account Nr.
Address	Bank Code
	IBAN
	BIC / SWIFT Code

### Your Contact Details

Managing Director	e-Mail:	Phone:
Name:		Fax:
Purchasing #1	Title:	Phone:
Name:	e-Mail:	Fax:
Accounting #1	Title:	Phone:
Name:	e-Mail:	Fax:

I/We have read the ICS General Terms and Conditions of Sale and Delivery agree to be bound by them. I understand that you may authorize a search through credit reference agencies, which keep a record of that search and may share that information with other businesses. It may also make enquiries about the directors/partners as applicable. I authorize our bankers to provide an opinion as to our suitability for the requested account.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Position \_\_\_\_\_