INTERNATIONAL CREDIT AUDITORS
P.O. Box 48439 Minneapolis, MN 55448-0439

ICA CONTACT PHONE: 888-659-8096
ICA FAX NUMBER: 888-660-8824

FREE TEST FORM

YOUR NAME: _____
YOUR COMPANY NAME: _____
YOUR COMPANY PHONE: _____

To start, complete this form for ***at least six*** customers and fax to: **888-660-8824**

Customer 1	Company Name:	Telephone:
	Contact Name:	Amount Due: $
	Account Number:	Date of Invoice(s):
	Address:	Invoice Number(s):
		Date of Last Pymt:
Customer 2	Company Name:	Telephone:
	Contact Name:	Amount Due: $
	Account Number:	Date of Invoice(s):
	Address:	Invoice Number(s):
		Date of Last Pymt:
Customer 3	Company Name:	Telephone:
	Contact Name:	Amount Due: $
	Account Number:	Date of Invoice(s):
	Address:	Invoice Number(s):
		Date of Last Pymt:
Customer 4	Company Name:	Telephone:
	Contact Name:	Amount Due: $
	Account Number:	Date of Invoice(s):
	Address:	Invoice Number(s):
		Date of Last Pymt:
Customer 5	Company Name:	Telephone:
	Contact Name:	Amount Due: $
	Account Number	Date of Invoice(s):
	Address:	Invoice Number(s):
		Date of Last Pymt:
Customer 6	Company Name:	Telephone:
	Contact Name:	Amount Due: $
	Account Number	Date of Invoice(s):
	Address:	Invoice Number(s):
		Date of Last Pymt:
Customer 7	Company Name:	Telephone:
	Contact Name:	Amount Due: $
	Account Number	Date of Invoice(s):
	Address:	Invoice Number(s):
		Date of Last Pymt:
Customer 8	Company Name:	Telephone:
	Contact Name:	Amount Due: $
	Account Number	Date of Invoice(s):
	Address:	Invoice Number(s):
		Date of Last Pymt:
Customer 9	Company Name:	Telephone:
	Contact Name:	Amount Due: $
	Account Number:	Date of Invoice(s):
	Address:	Invoice Number(s):
		Date of Last Pymt:

"Building Partnerships Through Superior Service"