



**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**

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