



Credit Application (Open Account Set-up)

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|-----------------------------------|----------------------------------|---|
| Company for applying credit | Name _____ | Date: _____ |
| | Division _____ | |
| | Physical Address _____ | Year established: _____ |
| | City _____ State _____ Zip _____ | Years at this address _____ <small>(if less than 2years, please provide previous address on separate page)</small> |
| | Phone () _____ Ext _____ | Website: _____ |
| | Fax () _____ Email: _____ | Accounts Payable Contact: |
| | Purchasing Contact: _____ | Name: _____ |
| | Billing Address _____ | Phone () _____ |
| | City _____ State _____ Zip _____ | Email: _____ |
| | Phone () _____ Ext _____ | |
| Fax () _____ Email: _____ | | |

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|---|--|
| Classification <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Distributor <input type="checkbox"/> Other | Please provide at least two pertinent company as credit reference (contact name, phone, fax) ----- ----- ----- ----- ----- ----- ----- ----- |
|---|--|

Banking information

Bank name: _____ Account # _____

Address: _____ City/State/Zip: _____

Contact: _____ Phone _____ Fax _____

The undersigned hereby certifies that he/she is duly authorized to sign this application on behalf of buyer and fully agrees to the terms and conditions of IMS LLC. The undersigned agrees that IMS LLC is authorized to make any and all enquires necessary to process this credit application. If at any point in time any portion of the account becomes past due, all amounts due and owing to IMS shall be immediately due and payable without need of demand. The undersigned agrees the relationship between them and IMS LLC are subject to the laws of the state of Minnesota.

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| I certify that the information herein is true and correct. I fully understand IMS' terms are strictly NET 30days. | Print Name _____ Title _____ Date _____ Signature _____ |
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