



## IMN Credit Application/Payment Terms

- Term
- COD
- Credit Card

IMN Dealer # \_\_\_\_\_  
 Approved By \_\_\_\_\_  
 Approval Date \_\_\_\_\_  
 Approved Amount \_\_\_\_\_

For the purpose of establishing credit, I, The undersigned, warrant the financial information below to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification.

### Company Information

Name of Business (DBA) \_\_\_\_\_  
 Corporation or Other Name \_\_\_\_\_  
 Financial or Social Security Number \_\_\_\_\_  
 Year Incorporated or Date Started \_\_\_\_\_

Please place a checkmark beside your business type.

- Sole Proprietorship
- Partnership
- Corporation
- LLC

### Location Information

Street Address (headquarters) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address (billing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address (shipping) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Contact Information

Main Phone Number \_\_\_\_\_  
 Fax Phone Number \_\_\_\_\_  
 Accounts Payable Phone Number \_\_\_\_\_

### Financial Information

Dun & Bradstreet Number \_\_\_\_\_  
 Accounts Payable Contact \_\_\_\_\_

### Bank References (List at least one branch used in the past 5 years)

Bank	Account Number	Contact	Phone
Bank	Account Number	Contact	Phone

For proprietorships, partnerships and close corporations, please list names and residence address of principals or officers.

Name	Title	Address	City	State	Zip	Phone
Name	Title	Address	City	State	Zip	Phone
Name	Title	Address	City	State	Zip	Phone

**For all credit applications in excess of \$30,000 please attach the last two years-end financial statements plus interim (if available) including balance sheets and profit and loss statements and notes (audited or signed) with this application.**

List four (4) principal suppliers with whom you have maintained credit or have maintained purchased for one (1) or more years.

Company	Contact	Phone	Fax
Company	Contact	Phone	Fax
Company	Contact	Phone	Fax
Company	Contact	Phone	Fax

### Read Carefully Before Signing This Agreement

I represent and warrant that I have authority to sign this agreement and that this agreement shall be binding upon the company. I hereby agree to the terms stated above and in event collection proceedings are necessary, the customer will pay all collection fees, court costs and attorney fees. Any account balances over 30 days past due will be subject to a service charge, the maximum allowed by law. Standard terms are net 30 days. Most banks and lenders will not release credit information without customer approval. In order to be processed, the application must be completed and signed. Attach copies of resellers/exempt certificate(s) to avoid sales tax charges.

**I hereby authorize the release of credit and financial information.**

Name (please print)	Signature	Title	Date
Name (please print)	Signature	Title	Date