



Distributor Credit Application

Must be filled out completely for consideration
All information provided will be held in the strictest of confidence

Legal Name of Entity _____ DBA Name _____

Parent Company Name (if any) _____ W9 (must attach) Resale Certificate (must attach)

EIN/Tax ID# _____ Date Business Established _____ Years Under Current Ownership _____

Phone _____ Fax _____ Email _____

Billing Address _____

City _____ State _____ Zip _____ Country _____

Shipping Address _____

City _____ State _____ Zip _____ Country _____

Dun & Bradstreet Number _____ Buying Group _____

President or CEO _____ Controller or CFO _____

Account Information

Accounts Payable Contact Name _____

Phone _____ Fax _____ Email _____

How would you like to receive invoices: Email Fax Mail

Buyer Contact Name _____

Phone _____ Fax _____ Email _____

Does your company have different ship-to locations? No Yes – forward with credit application

Initial Order Amount _____ Estimated Annual Purchases _____

The persons signing this application certify that all of the information contained on this application and any attachment or amendment is true, correct and complete to the best of their information, knowledge and belief. In consideration of credit extended, we (the Applicant) fully understand the extension or continuation of credit shall be in the sole discretion of the Seller (IMC Marks, LLC), and the Applicant shall be bound by all of the terms set forth in this application as well as payment terms on any invoice. Applicant further acknowledges that credit privileges, if granted, may be withdrawn at any time. Applicant agrees to notify Seller by Certified Mail of any change in ownership that would change the party obligated by any debt incurred and shall be responsible for all charges made to the Seller until such notice is received. In the event that legal action becomes necessary, Applicant agrees to pay all costs and expenses, including reasonable attorney's fees, incurred by Seller in the collection of any past due sum payable by the Applicant to Seller, or in the exercise of any remedy.

officer signature & title

signed by (printed name)

date



Distributor Credit Application

Credit Reference

Bank Name _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Phone Number _____ Ext. _____

3 Trade References

Company Name _____ Years Doing Business Together _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Phone Number _____ Ext. _____

Company Name _____ Years Doing Business Together _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Phone Number _____ Ext. _____

Company Name _____ Years Doing Business Together _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Phone Number _____ Ext. _____