

International Moulding



1722 Gervais Avenue Phone: 651-636-6367 Toll-Free: 800-735-3025
Maplewood MN 55109 Fax: 651-636-8153 Toll-Free: 800-735-0860
Please Fax or Mail your completed application and Tax Permit to the above

ACCOUNT APPLICATION

Business Type: Sole Proprietorship Partnership Corporation Years in Business: _____

Company Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Business Phone: _____

Business Fax: _____

E-Mail: _____

Ship To (If different from above)

Address: _____

City: _____ State: _____ ZIP: _____

Primary Owner: _____

S.S. Number: _____

Res. Phone: _____

Res. Address: _____

City: _____ WI _____ ZIP _____

RESALE CERTIFICATE # _____ INCLUDE COPY OF CERT. OR ST 3 FORM

Check Billing Preference: C.O.D. CREDIT CARD OPEN CREDIT (Provide Trade References)

If Credit Card, circle which one and provide: Signature on Card _____

American Express Discover MasterCard Visa

Account # _____ Expiration Date: _____

Please furnish the names and complete addresses of your business bank and active suppliers where you have established credit. Please do not give department store or credit card references, as they don't reveal credit information. Also no C.O.D. references.

Bank Name: _____ Phone: _____

Account Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Bank Name: _____ Phone: _____

Account Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Bank Name: _____ Phone: _____

Account Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms established for your account and the following: We hereby apply for credit and certify that the information above is correct. A finance charge of 1-1/2% (18% annually) will be added to all unpaid invoices over 30 days past due. We agree to meet these terms, and those listed in the International Moulding price catalog, if credit is extended.

I hereby personally guarantee to you the payment at International Moulding in the state of Wisconsin of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. **As part of the application for credit, we grant permission to contact consumer reporting agencies, commercial credit agencies, ban and trade references as necessary.**

Firm Name: _____

By: X _____ Date: _____

By: X _____ Date: _____

Please allow up to 10 days for your account to be established. Thank you! X area must be signed for credit to be granted.

International Moulding use only! Account Number Assigned: _____ Date: _____

Approved: _____

Check Complete: _____ Customer Notified: _____ Sales Territory Assigned: _____

