

IML Contact Name: _____

Account Number: _____

Order Pending: Yes No

Date: _____

BILLING/SHIPPING INFORMATION

Official Company Name: _____

Billing Address: _____

_____Shipping Address: _____

Telephone: _____

Fax: _____

Website: _____

ACCOUNTS PAYABLE

Contact: _____

Phone: _____

Email: _____

How would you like to receive your invoices?

 Email Mail

How would you like to receive your statements?

 Email Mail

Who is Authorized to make purchases on your account?

Name: _____

Email: _____

Name: _____

Email: _____

ACCOUNT INFORMATION

Business Type: Corporation LLC Partnership Sole Proprietor

Subsidiary Division of: _____

Years of Operation: _____

Type of Business: _____

*Please include a copy of your business license with application.*Charge Sales Tax: Yes No*For Tax Exempt customers located in AZ, CA, CO, CT, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MO, MS, NC, NJ, NM, NV, NY, OH, OK, PA, SC, SD, TN, TX, UT, WA, WI, and WY, you are required by law to provide your tax exemption certificate. Please note: If proper documentation is not provided or cannot be verified through your state, sales tax will be charged on your orders.*Account Terms:
(Please select one option) Open Terms Account: Credit Line Requested: \$ _____ Credit Card VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: | | | | | | | | | | | | | | | | | | | | | |

Expiration: _____ Name on Card: _____

 Prefer to receive a phone call on a secured line to give credit card information**Account will not be activated until information is obtained***A valid credit card is required for all credit card accounts. You are hereby authorizing us to use this card for purchases made on this account.**(Please complete page 1 and page 2 before submitting)*

**PLEASE SEND COMPLETED AND SIGNED APPLICATION TO NEWACCOUNTS@IMLSS.COM.
YOU MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION OR DOCUMENTATIONS.
PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING.**

OWNER / OFFICER

Name: _____

SSN/EIN: _____

Home Address: _____

Title: _____

Name: _____

SSN/EIN: _____

Home Address: _____

Title: _____

TRADE REFERENCES (if applicable)

Company: _____

A/R Contact: _____

Email: _____

Phone: _____

Company: _____

A/R Contact: _____

Email: _____

Phone: _____

Company: _____

A/R Contact: _____

Email: _____

Phone: _____

BANK REFERENCES (if applicable)

Name: _____

Account#: _____

Address: _____

Account Type: _____

Contact: _____

Phone: _____

Agreement (All Companies)

Applicant represents that the information provided is true and correct. Applicant agrees to pay interest at a rate of 1.5% (18% APR) on open balances past the due date. Waiver of any one or more finance charges shall not imply a waiver of future finance charges. Applicant further agrees to pay all attorneys fees, court costs, filing fees and all collections costs related to the collection of past due amounts. Applicant agrees to notify Intermountain Lock & Security Supply in writing of any changes in ownership or status of ownership and further agrees that all charges incurred will remain the responsibility of Applicant unless agreed by Intermountain Lock & Security Supply in writing. Terms and Conditions are deemed to apply in all contractual relationships between Applicant and Intermountain Lock & Security Supply and constitute the whole agreement between the parties. All other terms and conditions express or implied by statute or otherwise, are excluded to the fullest extent permitted by law. The undersigned warrants that the above agreement has been carefully read and the applicant understands the same.

AUTHORIZED SIGNATURE

TITLE

PRINT NAME

DATE

Personal Guarantee (Only for Sole Proprietor requesting Open Terms)

For good and valuable consideration, the undersigned (jointly and individually) agree to be personally liable for all indebtedness incurred by the before listed corporation or business entity. The undersigned (jointly and individually) further agree to be personally liable for all indebtedness based on the extension of credit to any corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly and individually) agrees to pay any additional charges associated with the collection of the account.

The undersigned Guarantor(s) authorize the Seller to obtain a consumer credit report on Guarantor(s) at any time and from any source for the purpose of evaluating their credit worthiness.

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

PRINT NAME

PRINT NAME

TITLE

DATE

TITLE

DATE