

IML CUSTOMER INSTITUTION FORM

New ☐
Update ☐

Name Of Person Submitting: _____
Title/Position: _____
Email: _____

Account Number: _____
Date: _____

INSTITUTION INFORMATION

Official Company Name: _____
Billing Address: _____
Shipping Address: _____
Telephone: _____

ACCOUNTS PAYABLE INFORMATION

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 TAX/TERMS INFORMATION

Subsidiary Division of: (Is there a Parent Company?) _____
Business Type: _____
Charge Sales Tax: ☐ Yes ☐ No
For Tax Exempt customers located in AZ, CA, CO, FL, HI, IA, ID, IL, IN, KS, LA, MO, MS, NC, NJ, NM, NV, OH, OK, PA, SD, TX, UT, WA 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: ☐ Open Terms Account: Credit Line Requested: \$ _____
*Will Individual P-Cards be used? ☐ YES ☐ NO

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