

IML CUSTOMER INSTITUTION FORM

New
Update

Name Of Person Submitting: _____

Account Number: _____

Title/Position: _____

Date: _____

Email: _____

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: _____

Phone: _____

Name: _____

Email: _____

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.