



INDEPENDENT MECHANICAL SUPPLY INC.

Rexdale: 310 Carlingview Drive, Toronto, ON M9W 5G1
Scarborough: 8 Milner Avenue, Scarborough, ON M1S 3P8
Tel: 416.679.1048 Fax: 416.679.0848

APPLICATION FOR CREDIT

(Please FAX to 416.679.0848 or Email to credit@imechsupply.com)

APPLICANT INFORMATION

Legal Name of Firm or Individual (in full):

Other Trade Name(s):

Affiliated Companies (Past & Present):

Business address:

City: Prov.: Postal Code:

Shipping address:

City: Prov.: Postal Code:

Phone Fax

Statement address:

City Prov.: Postal Code

Phone Fax

Nature of Business Email

Date Business Commenced Date Business Incorporated

Corporation Partnership Proprietorship

OWNERS/PARTNERS/OFFICERS:

Name	Position	Address	Tel/Cell No.

BANK:

Bank Name: Location:

Account No.: Contact Phone No.:

TRADE REFERENCES:

Name:	Address:	Fax No or Email:
1.		
2.		
3.		

Referred by: Please supply salesman name OR indicate if application was picked up at counter

Salesman Name: Picked up at counter (circle one)
Y / N

ACCOUNT SETUP PARAMETERS:					
Credit Limit Requested	\$		Estimated Monthly Purchases	\$	
Allow Back Orders		Y / N	Print Price on Picking Slips		Y / N
Job Names Required		Y / N	Statement Required		Y / N
Invoice Print Showing (List & Discount/NET): List & Discount: Y / N NET: Y / N			Invoice Delivery (mail/email address):		
PO # Required		Y / N	Number of Invoices Required		
HELP US BETTER UNDERSTAND YOUR NEEDS AND IMPROVE COMMUNICATIONS:					
Annual Sales	\$		Number of Employees:		
CONTACTS: (A/R, A/P, BUYER/FOREMAN)					
Name	Position	Phone	Cell	Fax	Email

AGREEMENT

Whereas _____ (hereinafter the "Applicant") has requested an open account from Independent Mechanical Supply Inc. (hereinafter the "Seller") for the purpose of purchasing goods and/or services on credit, the following terms and conditions shall apply:

1. Terms are net 30 days. (You may request C.O.D. only). Discounts to be taken on Net Invoice Amount.
2. All invoices shall be payable net and all arrears and over dues will bear interest at the minimum rate of 2% per month or 24% per annum.
3. All short shipments must be reported upon receipt of goods (same day).
4. Merchandise may only be returned with prior authorization from the seller.
5. Cancellation: The Seller reserves the right to cancel this credit facility at any time without prior notice to the Applicant.
6. Credit Investigation: The Applicant and undersigned shall provide to the Seller on an ongoing basis such financial information as may be requested and consents to the verification of all information contained in this Applicant or further documentation which may subsequently be provided in the future and such personal credit information as may be deemed necessary. All credit references indicated are authorized to provide whatsoever information may be requested by the Seller or its Agent.

I, the undersigned, declare that all the information supplied in this Credit Form is true and accurate, that I am authorized to request a charge account at Independent Mechanical Supply Inc. Furthermore, by signing below on this Credit Form, I agree and consent to authorize Independent Mechanical Supply Inc. to obtain from any credit reporting agency or any other source, such information as Independent Mechanical Supply Inc. may deem appropriate, at any time in connection with the credit hereby applied for.

Signed at _____ in the Province of _____ this _____ day of _____, 20_____

Please print name: _____ Title: _____

Signature: _____

For Office Use Only:							
Approved:	Date:	Acct#:	Salesman#:	Customer Type:	Group Code:	Discount Code:	Territory Code:
Credit Limit:		Credit Days:		Division:			