



**IMPERIAL
INDUSTRIES INC**

P.O. Box 1685
Wausau, WI 54402-1685
Phone: 715-359-0200
Toll Free: 800-558-2945
Fax: 715-355-5349 or 715-359-6042

Credit Application

Legal Business Name: _____

Owner(s) Name: _____

Legal Status: Corporation Partnership LLC Individual Owner

Type of Business: _____ Years in Business: _____

Federal Tax Id# _____ Estimated Annual Sales: _____

Number of Employees: _____ Dun & Bradstreet Rating: _____

Sales Tax Status

Exempt Taxable

Submit a copy of your resale tax exempt certificate for each state you are exempt from being charged sales tax with this credit application. Imperial is responsible for collecting and submitting sales taxes to most states. Failure on your part in providing adequate documentation as to sales tax exemption status prior to sales tax being charged on your invoices will result in you being responsible for asking for reimbursement from the state the tax has been paid to.

Billing Information

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Contact Person _____

Accounts Payable Person _____ Telephone _____

Accounts Payable Email _____ Fax _____

Bank Account Information

Bank Name _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Contact Person _____

Checking Account Number _____ Loan Account Number _____



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Trade References

List three trade references Imperial may contact in addition to the above named bank:

Company Name _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Contact Person _____

Company Name _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Contact Person _____

Company Name _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Contact Person _____

In submitting this application, the applicant agrees to our terms. All accounts are subject to 1 1/2 % per month service charge on all balance 30 days past the billing date or 18% per annum.

Corporate & Personal Guarantee. The applicant agrees to corporately and personally guarantee the payment of any outstanding debts; in the event of non-payment of outstanding debts, the applicant will be liable for a 1 1/2% per month service charge on all balances 30 days past billing date or 18% per annum, collection costs and legal fees incurred in collecting.

The undersigned represents that he/she is: 1) an individual who is either a principal of a credit applicant or a sole proprietor of a credit applicant and/or 2) a personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation for credit history of the applicant and such undersigned, hereby contents to and authorizes the release and use of a consumer credit report on the undersigned by the above-named business credit grantor, from time to time as may be needed, in the credit evaluation process.

I certify that the information on this form is true and correct, and authorize Imperial Industries, INC. to contact the above financial institution and references for credit references.

Signature of Officer/Owner _____

Please type or print name and title of officer/owner _____

Date _____

Please keep in mind that email communications sent over the Internet are not secure. Although unlikely, emails can be intercepted and sensitive information compromised. By emailing this form you agree to the transfer of sensitive information over electronic mail. Imperial Industries cannot be held responsible.