



**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.