



◆ 6796 POWERLINE DRIVE ◆ FLORENCE ◆ KY ◆ 41042 ◆ 859-342-6000 ◆ 859-342-6006 FAX ◆ www.imsteel.com ◆

◆ APPLICATION FOR OPEN ACCOUNT ◆

THIS FORM **MUST** BE FILLED OUT TO HAVE A **MONTHLY LINE OF CREDIT** OPENED WITH INTERNATIONAL MOLD STEEL.

BILL TO: _____ **SHIP TO:** _____

◆ **DO YOU REQUIRE?** PO NUMBER _____ FRT CARRIER ACCT # _____ ◆ YEARS IN BUSINESS _____

◆ KY RESALE # _____ FED ID # _____ - _____ D&B # _____

Send INVOICES / QUOTES via: fax _____ - _____ - _____ email _____

◆ _____ ◆ _____ ◆ _____
A / P CONTACT PERSON PHONE NUMBER EMAIL

◆ _____ ◆ _____ ◆ _____
PURCHASING CONTACT PHONE NUMBER EMAIL

◆ **WE PAY IN** _____ **DAYS** ◆ _____ **SIGNS THE CHECKS.**

◆ REQUESTING MONTHLY LIMIT \$ _____ OR SPECIAL TERMS: 50K+ _____ PER MTH

◆ **Annual Sales:** _____ **Stock Equity:** _____ **Capital:** _____ **Assets:** _____

International Mold Steel, Inc. and applying company both agree that a facsimile signature is the same as an original signature. We certify that all the information on this form is correct; and that **we fully agree to pay within International Mold Steel's terms of 1/2 % 10 days net 30 days from date of invoice, unless other arrangements have been accepted by IMS Accounting Dept. We accept that returns and orders cancelled while in process are subject to a 25% restocking fee, associated processing fess and freight costs and we will pay for these charges.** IMS does not pay for freight. If applying Company requires specific freight carrier, the order will be sent freight collect. Company agrees to reimburse IMS for cost of prepaid shipping charges regardless of carrier used. Kentucky companys are to provide a Kentucky Sales Tax Exemption certificates or will be billed sales tax. It is IMS company policy to obtain and keep this information on file and it is kept strictly confidential.

◆ _____ ◆ _____ ◆ _____ ◆ _____
Date Signed (Authorized Only) Title

FAX: 859-342-6006 this form with your company's credit references.

◆ **MAIL PAYMENTS TO:** Dept. CH 17653 ◆ Palatine ◆ IL ◆ 60055-7653

IMS OFFICE USE:

◆ **D & B INFORMATION** ◆ Paydex: _____ DTP: _____ HIGHEST: \$ _____, _____, _____ Rating: _____

BUSINESS SINCE: _____ ◆ Law Suits: _____ Liens: _____ Bankruptcy's: _____ ◆ Stress Level _____

DATE APPROVED OPEN TERMS: _____ **or COD/VISA** _____ **or CHANGED TERMS** _____ **(Opened _____)**

NO ORDER _____ ORDER PENDING _____ \$ _____ APPROVED MONTHLY LIMIT \$ _____

Hiroshi Saito Date

Kathryn Palermo Date