



## COMMERCIAL CREDIT APPLICATION

Please complete all applicable fields and fax to 734-930-9957

|                                                                                                                                                                                                                                                                      |                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Credit Applicant's Company Name (Full Legal Name)                                                                                                                                                                                                                    | Doing Business As                                                                                                 |
| Billing/PO Box Address                                                                                                                                                                                                                                               | Shipping Address                                                                                                  |
| City                                  State                                  Zip                                                                                                                                                                                     | City                                  State                                  Zip                                  |
| Phone                                  Fax                                                                                                                                                                                                                           | Billing Contact                                                                                                   |
| Parent Company (If Applicable)<br>_____                                                                                                                                                                                                                              | Will you have purchases that are tax exempt? Y    N<br>If yes, tax certificate must be returned with application. |
| Division of _____      Subsidiary of _____                                                                                                                                                                                                                           |                                                                                                                   |
| Principal's Name                                  Title                                                                                                                                                                                                              | Principal's Name                                  Title                                                           |
| Check One:<br><input type="checkbox"/> Proprietorship (Solely Owned) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Duns # _____ |                                                                                                                   |
| Tax Identification Number:                                                                                                                                                                                                                                           |                                                                                                                   |

|                                                                                                                                                                                   |                  |                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Business Started                                                                                                                                                             | Type of Business | Number of Employees                                                                                                                                          |
| Has this business or its principals ever filed bankruptcy?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when?                                  Chapter? |                  | Are you now or have you been involved in a lawsuit resulting in a judgment against your company?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**COMMERCIAL TRADE REFERENCES – List 3 or more verifiable references (must be at least \$10,000.00 each)**

|      |      |       |                 |          |
|------|------|-------|-----------------|----------|
| Name | City | State | Phone<br>(    ) | Account# |
| Name | City | State | Phone<br>(    ) | Account# |
| Name | City | State | Phone<br>(    ) | Account# |
| Name | City | State | Phone<br>(    ) | Account# |

**BANK REFERENCE**

|      |      |       |                 |          |
|------|------|-------|-----------------|----------|
| Name | City | State | Phone<br>(    ) | Account# |
|------|------|-------|-----------------|----------|

**IMRA America, Inc. Standard Conditions of Sale, a copy of which can be downloaded from <http://www.imra.com/pdf/IMRAterms.pdf>, shall be applicable to all sales irrespective of receipt of contrary or additional terms, unless IMRA America, Inc. expressly agrees otherwise in writing and said writing is signed by an authorized IMRA America, Inc. representative.**

**Application must be signed by Officer(s) or Owner(s)**

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**Company Name**

**X**

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**Authorized Signature Please Print Name and Title Date**

Signature authorizes IMRA America, Inc. to check the Applicant's and any Guarantor(s)' credit and for references on this application to release credit information.

**Guaranty of Indebtedness**

“The undersigned Guarantor(s) in order to induce IMRA America, Inc. to extend credit to credit applicant, does hereby unconditionally personally guarantee all sums which may be owned by credit applicant to IMRA America, Inc., whether said indebtedness is due now or hereafter incurred. This guaranty is continuing, and shall continue to apply to all indebtedness which applicant may hereafter incur, renew or extend in whole or in part, with IMRA America, Inc. all without notice to the undersigned Guarantor(s). IMRA America, Inc. may jointly or independently modify terms of credit extended, modify the indebtedness, accept or release collateral, or release the credit applicant without releasing the undersigned Guarantor(s). The liability of the Guarantor(s) shall be primary and shall not be affected by the bankruptcy of the credit applicant. If this guaranty is executed by more than one Guarantor, one or more Guarantors may be released, and such releases may be done without notice to the other Guarantor(s). The Undersigned Guarantor(s) waives notice of acceptance of this Guaranty.”

Guarantor's Signature (Do Not Insert Corporate Titles)

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|                                             |      |                    |                        |
|---------------------------------------------|------|--------------------|------------------------|
| Signature (Personally and as an individual) | Date | Type or Print Name | Social Security Number |
|---------------------------------------------|------|--------------------|------------------------|

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|---------------------------------------------|------|--------------------|------------------------|
| Signature (Personally and as an individual) | Date | Type or Print Name | Social Security Number |
|---------------------------------------------|------|--------------------|------------------------|