



Imperial Products Supply LLC
P.O BOX 130
Jarrell, TX 76537
Office: (512) 991-9000
accounting@imperialprosupply.com

(For Office Use Only)

Approved: Denied:

Credit Limit: _____

Credit Application

Name/Address

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. Number:
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>				
Name of Company Principal:	Title:			
Address:	City:	State:	ZIP:	Phone:
Responsible for Business Transactions:		Title:		
Address:	City:	State:	ZIP:	Phone:

Accounting Email: _____

Tax Exempt? Please Check: Yes No (Include Form with Application)

Credit Amount Requested:

Bank References

Institution Name:	
Checking Account #:	
Address:	
Phone:	Fax:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Acct. Opened Since:	Acct. Opened Since:	Acct. Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:

Email: _____ Email: _____ Email: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution listed in this credit application to release necessary information to the company for which is being applied for in order to verify the information contained herein.

Signature

Date