



Application for Open Account
Customer Service 866.202.1973
Fax: 706.259.8071
REMIT TO: Box #410
3527 Mt. Diablo Blvd.
Lafayette, CA 94549

NAME OF BUSINESS _____

ADDRESS _____

CITY, STATE, ZIP _____ BUSINESS STARTED _____

TELEPHONE _____ FAX _____

CREDIT REQUESTED (estimated) \$ _____

SOLE OWNERSHIP _____ PARTNERSHIP _____ CORPORATION _____

PRINCIPALS _____
Name Title

TRADE REFERENCES _____
Name City and Phone Number

BANK NAME _____ BRANCH _____

ACCOUNT NUMBER _____ PHONE _____

NAME AND ADDRESS OF PREVIOUS BUSINESS (if any):

PARENT OR AFFILIATES _____

NATURE OF PRESENT BUSINESS _____

Upon approval of IMACC Corporation's Credit Department, Purchaser shall make payment in full within thirty (30) days from the date of Seller's invoice. Interest on any overdue portion may be charged at the highest rate permitted by law if payment is not made in accordance with Seller's terms of sale. In the event of any dispute between the parties hereto relating to the agreement, or to the collection of any sums past due, Buyer agrees to pay all reasonable expenses, attorney's fees and costs in settling said dispute or collecting said sums past due.

BY _____
Owner's or Officer's Signature Title Date