



7401 Bunkum Rd., East St. Louis, IL 62204

618.230.6201

## Credit Application

The undersigned hereby attests that the information provided is factual, accurate and furnished for the purpose of obtaining credit. The undersigned authorizes all parties contacted to release credit and financial information requested as part of the credit investigation. IMAT will not share or disclose account information with outside agencies or nonaffiliated parties, other than to collect on delinquent accounts.

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

FEIN# \_\_\_\_\_

Officer/Owner Name \_\_\_\_\_

Phone # \_\_\_\_\_

Officer/Owner's Email Address \_\_\_\_\_

### Accounts Payable Information

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

### Other Company Contacts

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Monthly Credit Requested \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Bank Information**

Bank Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_

Account # \_\_\_\_\_

**Trade Reference #1**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Trade Reference #2**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Trade Reference #3**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_