

# Credit Application

IMS Branded Solutions  
2840 7th Ave. #3  
Marion, IA 52302  
P: 319.365.7159  
F: 319.365.8099

Date:

Company:

Address:

City, State, Zip:

Telephone:

Fax Number:

Type of Business (describe)

Sole Owner    Partnership    Corporation    Other

Years In Business:

Federal Tax ID#:

## Partners or Corporate Officers

1. - Name, Title, Phone:

2. - Name, Title, Phone:

3. - Name, Title, Phone:.

## Bank References

1. -Bank Name and Address

Account Number

Contact Name & Phone:

2. -Bank Name and Address

Account Number

Contact Name & Phone:

## Trade References

1.

2.

3.

I certify that the above information is true. The information is to be used only for the opening of an account.

**Sign, Title, and Date**

I understand that my charges are due upon receipt of the product(s) provided by Integrated Marketing Solutions. I (sole proprietor) / my company (corporation, partnership or other) agree to pay Integrated Marketing Solutions in full for any charge incurred. In the case that my company files bankruptcy or goes out of business, I understand that I (sole proprietor) / my company (corporation, partnership or other) must pay any and all balances owed to Integrated Marketing Solutions. Any past-due balances will be periodically reviewed by Integrated Marketing Solutions, and your company may be put back on a prepay status for any further purchases.

Company Officer's

Printed Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_