

Note: If you are requesting a credit line of \$10,000 or more, please include your most recent financial statement with this application.

General Information

Full Legal Business Name		
Address		
City, State, Zip Code		
Phone	Fax	Website
Date Started	D & B No.	Resale or Tax Exempt No.

Ownership

☐ Sole Proprietorship	☐ Partnership	☐ Corporation	☐ LLC
☐ Other _____			
Name • Home Address • Phone No. of Owner(s), Partners, or Principal Shareholders			

Trade References — Please provide at least 3

Supplier Name	Address	Phone	Fax

Note: If you have a form that lists your credit references and their contact information, please attach that to your credit application. There is no need to complete the above section.

Bank Reference

Name of Bank & Branch		
Address • City, State, Zip Code		
Acct. No.	Phone	Fax

Miscellaneous

Credit Line Requested	Accounts Payable Contact
Purchasing Agent	Do You Require Written P.O.s?

Terms & Conditions of Credit Sales

1. Payment terms are net 30 days from date of invoice.
2. A service charge not to exceed 1-1/2% per month (18% per annum) or the maximum lawful amount in your state will be charged on all past due accounts.
3. In the event a past due account is referred for collection to an agency or attorney, the undersigned will pay all costs of collection, including a reasonable attorney's fee.
4. The undersigned shall bear all risk of loss on merchandise purchased following delivery to you by the carrier, whether the merchandise is shipped prepaid or collect.
5. Any special terms must be approved in writing by an officer of IFW Sales LLC.
6. No shipments will be made to any account having a past due balance.
7. Accounts will be monitored on a regular basis. Credit privileges may be restricted or withdrawn on accounts that are regularly or consistently in arrears.

Applicant's Certification & Authorization

I hereby certify that the above information, as furnished by me, is true and correct to my knowledge. I also certify that I have read and understand all terms for credit sales and agree to them. My signature below is my authorization to our bank to release credit information on the bank account number (shown above) to IFW Sales LLC.

Print Name	Title
Signature	Date

Return Completed Application To:

IFW Products LLC • 10400 W. Overland Road #422 • Boise, ID 83709 • Tel. 208.314.7475 • Fax 208.672.3003

Do Not Complete — For Office Use Only	
☐ Approved ☐ Declined Credit Guideline \$ _____	
Approved By _____	Date _____