



International Media Services

# CREDIT APPLICATION

1300 Altura Rd. • Fort Mill, SC • 29715 • Phone 803/547-9200 • Fax 803/547-8511

## GENERAL INFORMATION

CORPORATE BUSINESS/INDIVIDUAL LEGAL NAME: \_\_\_\_\_ TEL. # ( ) \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
Street Address/PO Box City State Zip

SHIPPING ADDRESS (if different:): \_\_\_\_\_  
Street City State Zip

PERSON(S) RESPONSIBLE FOR ACCOUNTS PAYABLE: \_\_\_\_\_

NAME (S) OF PERSON (S) AUTHORIZED TO SIGN CHECKS: \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_  
 \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_  
 \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

ARE YOU INTERESTED IN: Component Sourcing \_\_\_\_\_ Kitting \_\_\_\_\_ Inventory Management \_\_\_\_\_ Fulfillment or Distribution \_\_\_\_\_ CD'S \_\_\_\_\_ DVD's \_\_\_\_\_

IMS BUSINESS DEVELOPMENT MANAGER CONTACT NAME: \_\_\_\_\_

## ORGANIZATIONAL STRUCTURE

CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP

If a Corporation: STATE & DATE OF INCORPORATION \_\_\_\_\_  
State MM/DD/YY

PARENT  SUBSIDIARY  DIVISION  FOR-PROFIT  NON-PROFIT

For Corporations & Partnerships: TAX ID# \_\_\_\_\_

Sole Proprietorship (Individuals): EMPLOYER \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_  
 SIC CODE: \_\_\_\_\_

### CORPORATE OFFICES/PARTNERS/OWNERS:

1. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
Street Address/PO Box City State Zip

2. TELEPHONE NUMBER: ( ) \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address/PO Box City State Zip

3. TELEPHONE NUMBER: ( ) \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address/PO Box City State Zip

TELEPHONE NUMBER: ( ) \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*If this is an individual account (sole prop.) Please list a previous address, and the name of your nearest relative not living with you.*

ADDRESS: \_\_\_\_\_  
Street Address/PO Box City State Zip

RELATIVE'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

RELATIVE'S ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_  
Street Address/PO Box City State Zip

## SALES TAX INFORMATION

**PURCHASES FOR RESALE** (Non-taxable): Please complete Certificate of Resale and return with this form.

**SC SALES / USE TAX REGISTRATION NUMBER:** \_\_\_\_\_

## FINANCIAL INFORMATION

**PROJECTED SALES THIS YEAR \$** \_\_\_\_\_ **ARE PURCHASE ORDERS REQUIRED ?**  YES  NO

**TOTAL SALES LAST YEAR \$** \_\_\_\_\_ **AUTHORIZED PURCHASERS:** \_\_\_\_\_

**PROJECTED ANNUAL PURCHASES \$** \_\_\_\_\_

**FINANCIAL STATEMENTS PREPARED BY :** \_\_\_\_\_

*Please attach your latest financial statements if applying for a credit line of more than \$10,000.<sup>00</sup>*

## BANK REFERENCES

1. **BANK NAME:** \_\_\_\_\_ **TELEPHONE NUMBER: ( )** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street Address/PO Box City State Zip

**CONTACT PERSON:** \_\_\_\_\_ **FAX NUMBER: ( )** \_\_\_\_\_

**ACCOUNT NUMBERS (S):** \_\_\_\_\_

2. **BANK NAME:** \_\_\_\_\_ **TELEPHONE NUMBER: ( )** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street Address/PO Box City State Zip

**CONTACT PERSON:** \_\_\_\_\_ **FAX NUMBER: ( )** \_\_\_\_\_

**ACCOUNT NUMBERS (S):** \_\_\_\_\_

## TRADE REFERENCES *(please list vendors presently being used)*

1. \_\_\_\_\_ **TELEPHONE NUMBER: ( )** \_\_\_\_\_ **FAX NUMBER: ( )** \_\_\_\_\_  
Name

Street Address/PO Box City State Zip Contact Person Acct. #

2. \_\_\_\_\_ **TELEPHONE NUMBER: ( )** \_\_\_\_\_ **FAX NUMBER: ( )** \_\_\_\_\_  
Name

Street Address/PO Box City State Zip Contact Person Acct. #

3. \_\_\_\_\_ **TELEPHONE NUMBER: ( )** \_\_\_\_\_ **FAX NUMBER: ( )** \_\_\_\_\_  
Name

Street Address/PO Box City State Zip Contact Person Acct. #

4. \_\_\_\_\_ **TELEPHONE NUMBER: ( )** \_\_\_\_\_ **FAX NUMBER: ( )** \_\_\_\_\_  
Name

Street Address/PO Box City State Zip Contact Person Acct. #

5. \_\_\_\_\_ **TELEPHONE NUMBER: ( )** \_\_\_\_\_ **FAX NUMBER: ( )** \_\_\_\_\_  
Name

Street Address/PO Box City State Zip Contact Person Acct. #

**PLEASE SEE OTHER SIDE**

# TERMS OF AGREEMENT

*Please Read Carefully*

By signing below the individual, partnership or corporation whose name appears on the front of this document agrees to the following terms:

1. Account will be placed on credit hold if not paid within established terms.
2. Payment will be made in accordance with terms specified on each invoice.
3. Past due accounts will be subject to the terms of the account becoming prepaid, even if the amount due is within credit limit.
4. Finance charges will be charged on invoice not paid by the end of the month, at a rate of 1%, 12% annually.
5. There will be a \$25 service charges on all NSF checks. This service charge must be paid before future orders are released for shipment.
6. If two returned check are received within a six-month period, the customer will be required to pay by cashier's check, money order or cash on all future orders.
7. Any financial statements provided by the customer are true and accurate are for use by IMS in making a credit decision
8. The customer gives IMS authority to check all bank & vendor references,
9. Delinquent accounts may be turned over to a collection agency. If legal action is taken, legal fees and court costs are the responsibility of the debtor.
10. The customer will be responsible for reporting any changes in business structure to IMS in writing by certified or registered letter. This includes ownership and /or corporate name changes, address changes, etc. Without notification, the original owners will be held liable for any outstanding debt.
11. The applicant agrees to abide by IMS credit policies, which are subject to change at the discretion of management.
12. The customer grants permission for IMS or its agents to verify references listed on this credit application to make a credit decision. The bank, vendor or lending institution contacted has permission to supply IMS with all information requested. IMS also has permission to check individual accounts through reports obtained from the Credit Bureau, and to verify corporate accounts through other credit reporting sources.

Note. This application will not be processed without a signature! A faxed copy of this signature will be considered the original.

## SIGNATURE OF CORPORATE OFFICER, ALL PARTNERS OR OWNERS

SIGNATURE _____	TITLE _____	DATE _____
SIGNATURE _____	TITLE _____	DATE _____
WITNESS _____	TITLE _____	DATE _____

## FOR ACCOUNTING USE ONLY

REFERENCES CHECKED BY: _____	APPROVED BY: _____
IMS'S ACCT. # _____	TERMS: _____
DATE: _____	COMMENTS: _____
DATE RE-EVALUATED _____	APPROVAL _____ NEW CL: _____
_____	APPROVAL _____ NEW CL: _____