

Credit Application Date:

Mail To:

IMV Nevada
HCR 70 Box 549
498 E. Invite Rd.
Amargosa Valley, NV 89020
kreed@imvnevada.com



or Email To:

Name of Firm

Telephone

Billing Address

Fax

Shipping Address

Type of Business

Federal I.D. #

The following information must be provided: it will be held in the strictest confidence

Individual

Partnership

Corporation

State and Date Incorporated

Date Established

Resale No.

Bank References

Bank Name

Telephone

Address

Fax

Bank Name

Address

Telephone

Credit References (Those you buy from on an open account)

Name

Telephone

Address

Fax

Name

Telephone

Address

Fax

We certify that all the information on this form is correct.

(Type or Print)

Name and Title

Signature

Credit Application

Name of Firm:

Name of Person(s) authorized to place orders:

E-MAIL

E-MAIL

E-MAIL

Resale No.

State

Line of Credit Desired:

I / WE HEREBY STATE THE FOREGOING INFORMATION IS CORRECT AND AGREE TO PAY FOR ALL CREDIT EXTENDED IN ACCORDANCE WITH REGULAR TERMS. LATE CHARGES OF 1 1/2 % PER MONTH, WILL BE CHARGED ON ALL PAST DUE ACCOUNTS

I / WE FURTHER AGREE THAT SHOULD IT BE NECESSARY FOR IMV NEVADA TO INITIATE ANY LEGAL PROCEEDINGS FOR THE COLLECTIONS OF ANY BALANCE DUE UNDER THIS ACCOUNT, I/WE AGREE TO PAY REASONABLE ATTORNEYS FEE TO BE FIXED BY THE COURT HEREIN AND ALL COSTS OF SUIT.

I / WE AUTHORIZE OUR BANK TO RELEASE INFORMATION REQUESTED BY IMV NEVADA FOR THE PROCESSING OF OUR CREDIT APPLICATION.

Name

Title

Name

Title

Name

Title