INDEPENDENT
MECHANICAL SUPPLY INC.
Obsessed with Exceeding Expectations

Rexdale: 310 Carlingview Drive,Toronto, ON M9W 5G1
Scarborough: 39 Casebridge Crt, Scarborough, ON M1B 5N4
Oakville: 2190 Winston Park Drive, Oakville, ON L6H 5W1
Tel: 416.679.1048 Fax: 416.679.0848 imechsupply.com

CASH SALE APPLICATION

(Please email to credit@imechsupply.com)

APPLICANT INFORMATION		
Legal Name of Company or Individual (in full):		
Other Trade Name(s):		
Billing address:		
City:	Prov.:	Postal Code:
Shipping address: ☐ same as above		
City:	Prov.:	Postal Code:
Phone:	**Fax:**	**Email:**
Date Business Commenced:	Date Business Incorporated:	Nature of Business:
☐ Corporation	☐ Partnership	☐ Proprietorship

OWNERS/PARTNERS/OFFICERS/AP			
Name	**Position**	**Address**	**Phone**
Authorized Website Users	***First name***	***Last name***	***Email***
Purchaser (to place online orders)			
AP (to download invoices/statements)			
Referred by: Please provide Salesperson name OR indicate if application was picked up at counter	**Salesperson Name:**		Picked up at counter: ☐Yes ☐No

ACCOUNT SETUP PARAMETERS:			
PO # Required ☐Yes ☐No	Print Price on Picking Slips ☐Yes ☐No	Job Names Required ☐Yes ☐No	Invoice Delivery (email address):
Invoice Print Showing (List & Discount/NET):		List & Discount: ☐Yes ☐No	NET: ☐Yes ☐No

AGREEMENT

Whereas _____ (hereinafter the "Applicant") has requested an open account from Independent Mechanical Supply Inc. (hereinafter the "Seller") for the purpose of purchasing goods and/or services, the following terms and conditions shall apply:

1. Terms are C.O.D. only. Payment must be made prior to or at the time of pick up and/or delivery.
2. All invoices are payable in full; all arrears and overdue balances will be subject to interest at the minimum rate of 2% per month 24% per annum.
3. All short shipments must be reported upon receipt of goods (same day).
4. Merchandise may only be returned with prior authorization from the Seller and may be subject to restocking and/or handling fee.

I, the undersigned, declare that all the information provided in this application is true and accurate, that I am authorized to request an account with Independent Mechanical Supply Inc.

Signed at :_____in the province of:_____ this day_____ of_____ 20 _____

Please print name:_____ Title: _____ Signature: _____

For Office Use Only:							
Approved:	**Date:**	**Acct#:**	**Salesman#:**	**Customer Type:**	**Group Code:**	**Discount Code:**	**Territory Code:**