Intermountain Environmental, Inc.
601 West 1700 South, STE B, Logan, UT 84321-6219
Ph. 435-755-0774 FAX 435-755-0794 www.inmtn.com

Credit Application for Net 30 Terms

Company Legal Name_____ Phone (_____) _____

Address_____ Fax (_____) _____

City/State/Zip_____ E-mail _____

Dun & Bradstreet # _____ Federal ID # _____

Company is: ☐ Corporation ☐ Sole Proprietorship ☐ Partnership Time in Business _____

Contact Person_____ Credit Amount Requested $_____

Nature of Business_____

OWNERSHIP

Name	Address	City	State	Zip
Name	Address	City	State	Zip
Name	Address	City	State	Zip

FINANCIAL

Bank Name	Contact Person		
Bank Address	City	State	Zip
Account #'s	Phone	Fax	

I_____ of _____ hereby authorize Intermountain Environmental, Inc. to verify any credit information provided by this source document. I further authorize our banks, trade references and financial institutions the right to release by telephone or fax all credit information requested by Intermountain Environmental, Inc. We understand that ANY information obtained by Intermountain Environmental, Inc. will be held in confidence. The requested information will be used solely in assisting and securing credit terms for the applicant.

REFERENCES

Company	Contact Person	Account#	Phone	Fax
Company	Contact Person	Account#	Phone	Fax
Company	Contact Person	Account#	Phone	Fax

Credit privileges are hereby provided for and it is understood and agreed that upon approval, the terms of payment are net within 30 days from the date of shipment. Delinquent accounts are subject to a finance fee of 1 1/2% (18% annually) late charge until order is paid in full. If collection is made by suit or otherwise, I agree to pay collection costs including all court and all reasonable attorney's fees, and hereby waive all rights to claim exemption under any State Laws. All merchandise shall remain the property of Intermountain Environmental, Inc. until paid in full.

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS.

Name_____ Title _____ Date_____

Authorized Signature _____