

IMPERIAL DISTRIBUTORS, INC.
150 BLACKSTONE RIVER ROAD
WORCESTER, MA 01607
www.imperialdistributors.com

Confidential Business Credit Application return to - jkeller@imperialdist.com

COMPANY INFORMATION:

Type of Business (circle one): Convenience Supermarket Drug Other

BILLING ADDRESS:

Company Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Owners Name: _____

Owners Address: _____

How long in Business: _____

Contact Name: _____ Email: _____

Accounts Payable Email Address: _____

Tax Exempt Number: _____ Attach copy of Exemption Certificate

BANK INFORMATION:

Bank Name: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ Contact Email: _____

TRADE CREDIT REFERENCES: (OPEN ACCOUNTS ONLY)

1. _____ Phone: _____

Email _____ Fax: _____

2. _____ Phone: _____

Email _____ Fax: _____

3. _____ Phone: _____

Email _____ Fax: _____

We authorize Imperial Distributors to contact the references provided so that information may be obtained to consider granting credit privileges to us. We believe our company is financially able to meet any commitments we have made and we intend to pay in accordance with the payment terms indicated on Imperial Distributors invoices. Should those terms now or at any future date include a service charge for late payment, collection and/or attorney fees in the event of non-payment, we agree to pay such charges. In addition, my signature below signifies my approval for Bank and Trade Creditors to respond to any credit inquiries regarding this application.

IMPERIAL IS CONTRACTUALLY BOUND TO ITS VENDOR PARTNER COMMUNITY TO ENSURE THAT PRODUCT DISTRIBUTED BY IMPERIAL IS RE SOLD ONLY IN THE UNITED STATES AND IS NOT SHIPPED OVERSEAS. THIS INCLUDES ALL HBW PRODUCT AND COSMETICS. ANY VIOLATION OF THIS REGULATION WILL RESULT IN AN IMMEDIATE DISSOLUTION OF THE PARTNERSHIP.

Signed: _____ Title: _____ Date: _____