



# Impamerica, S.A. de C.V.

In order to qualify for wholesale purchasing of Impamerica, S.A. DE C.V. products, a person or business must have a retail establishment where our products can be properly displayed and repetitively sold.

Please fill out the form below. If you do not wish to submit this form via the web, please fill out all of the fields except for the signature and date fields at the bottom, print out the web page, sign and date the printed copy, and mail to the mailing address shown on the [Contact Us Page](#).

## Credit Application

Email Address:	<input type="text"/>	(required)	
Business Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Country:	<input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>
Ship to:	<input type="text"/>	(required)	
Address:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Country:	<input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>
Type of Business	<input type="text"/>		
Date Established	<input type="text"/>	D/B/A:	<input type="text"/>
Federal Tax I.D. #:	<input type="text"/>	State/County/City:	<input type="text"/>
	Resale Tax or License #:		
State of Incorporation:	<input type="text"/>	Resale Tax or License#:	<input type="text"/>
Date Incorporated:	<input type="text"/>		

**OWNERSHIP:**

Sole Proprietorship  Partnership

Corporation  Years in Business

Principal   
(Name) (Title) (SS#) Home address/Phone #

Principal   
(Name) (Title) (SS#) Home address/Phone #

Principal   
(Name) (Title) (SS#) Home address/Phone #

Principal   
(Name) (Title) (SS#) Home address/Phone #

**TRADE REFERENCES:**

1. Company:

Phone:  Fax:

E-mail:

Address:

Account #:

2. Company:

Phone:  Fax:

E-mail:

Address:

Account #:

3. Company:

Phone:  Fax:

E-mail:

Address:

Account #:

4. Company:

Phone:  Fax:

E-mail:

Address:

Account #:

**BANK REFERENCE:** Checking  Savings   
Loan

1. Bank Address:

Account #:

Contact:

Has the firm or anyone of its Principals ever filed bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

**Customer agrees to make payments under the terms and conditions that credit is extended. Applicant agrees to pay any and all collection costs incurred to collect the unpaid balance, including but not limited to interest at the maximum rate allowable by law on the unpaid balance and any reasonable attorney's fees incurred.**

The undersigned represent that all of the information contained in this application is true and correct and authorizes the investigation of applicant's credit history through credit reporting agencies of Impamerica, S.A. de C.V. choice, and the verification of information furnished, including but not limited to contacting the references provided, obtaining credit information deemed necessary, with the understanding that decision to grant or deny credit may be based in whole or in part on the information obtained in this investigation.

Applicant Name:

Title:  Date:

Applicant Name:

Title:  Date:

**PERSONAL GUARANTEE**

In consideration of the credit being extended by Impamerica, S.A. de C.V. to the above named Applicant for merchandise to be purchased whether Applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or either entity, the undersigned guarantor or guarantors each hereby contract and guarantee the faithful payment, when due, of all amounts due by Applicant to including interest, attorney's fees and all collection costs. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to Applicant, presentment, and demand for payment on –Applicant, protest and notice to undersigned guarantor or guarantors of dishonor of default by Applicant, extension of time of payment to Applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to Av. Juan Escutia 2747, Zona Industrial Nombre de Dios, Chihuahua, Chih. Mexico.

Signature  Date:

Shipping Address:   
(Street) (City) (State) (Zip)

Signature  Date:

Shipping Address:   
(Street) (City) (State) (Zip)

Be sure to review our  
**Ordering Terms and Conditions**

**Privacy Statement:**

Impamerica, S.A. de C.V. will not sell, rent or share any information about our customers with any other organization.