



Accounting Office:
 1703 Toll Gate Dr. • Maumee, OH 43537
 Office 419.838.0294 • Fax 419.838.0297

Manufacturing Location:
 4370 Moline Martin Road • Millbury, OH 43447
 Office 419.794.7970

ACCOUNT APPLICATION

Accounting Department – ATTN: Credit Manager
 Send completed forms to credit@ssc corp.com or Fax 419.838.0297

COMPANY INFORMATION

Company Name: _____ Date of Request: _____
 Mailing Address: _____ Shipping Address (if different from mailing): _____

 City: _____ City: _____
 State: _____ ZIP: _____ Country: _____ State: _____ ZIP: _____ Country: _____
 Phone Number: _____ FAX Number: _____
 E-mail: _____ Accounts Payable Contact: _____

Business Operates as: Corporation Partnership LLC Proprietorship

Federal Tax ID Number _____ Date Business Established _____
 Parent Company _____ Number of Employees _____
 Annual Sales Volume: \$ _____ Credit Limit Requested: \$ _____
 Anticipated Monthly Purchases: \$ _____

TAX EXEMPTION: No Yes *If you are tax exempt, please attach a copy of your Exemption Certificate*

BANK REFERENCE

Bank Name: _____ Phone: _____
 Contact: _____ Your D&B D-U-N-S® Number: _____

TRADE REFERENCES (List only those which you currently purchase on Open Account —*Required)

1. *Name: _____ *Phone: _____ *Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 2. *Name: _____ *Phone: _____ *Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 3. *Name: _____ *Phone: _____ *Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____

Applicant(s) signature attests to the financial responsibility, ability, and willingness to pay invoices in accordance with Innovative Machine and Manufacturing's (IMM) Net 30 day payment terms from date of invoice. The above information is for the purpose of obtaining credit and is warranted to be true. All past due invoices are subject to a finance charge of 1 1/2% per month. I/we shall be responsible for all collection costs and legal fees in connection with any delinquent amount referred to a third party. Should credit availability be granted by IMM, all decisions with respect to the extension or continuation shall be in the sole discretion of IMM. Credit availability may be terminated by IMM within its sole discretion. By signing below applicant authorizes trade and bank references listed in this application to release information necessary to establish a line of credit.

Printed Name _____ Signature _____
 Title _____ Date _____

PERSONAL GUARANTEE (Required of Sole Proprietors, LLC's, and Partnerships)

In consideration of Innovative Machine & Manufacturing, extending credit to the above named entity and any of its subsidiaries or related parties, the undersigned do(es) hereby individually, and jointly and severally, PERSONALLY GUARANTEE PAYMENT to Innovative Machine & Manufacturing, and any or all of its successors of all amounts which may become due pursuant to sales of goods. This includes any and all charges, including freight, and services fees incurred in the process of extending credit and all reasonable attorney fees, plus court costs and all other costs of collection and litigation. This guarantee is open, continuing, absolute, and unconditional and shall continue in full force and may be revoked only by Innovative Machine & Manufacturing. In the event that Innovative Machine & Manufacturing, has to file suit against the above named entity or the undersigned, the undersigned agrees to all conditions contained in the above.

Guarantor: _____
 Signature _____ Witness—Signature _____
 Printed Name _____ Witness—Printed Name _____
 Title _____ Date _____
 SS# (Required) _____ Date of Birth _____
 Date _____