

13700 South Broadway LA, CA 90061 Phone: 310.715.6600 Fax: (323) 389-2200

To: Credit Department		From:			
Fax: (323) 389-2200		Pages:			
Phone: (310) 715-6600		Date:			
Re: Credit Application					
☐ Urgent	For Review	Please Comn	nent 🗌 Pl	lease Reply [Recycle
Please complete references.	and fax to Account	ing or e-mail ap@	sorbentsyste	ems.com with	your credit
Business Inform	ation				
Legal Business Nam	e:				
Phone:	Ema	il:			
Doing Business As (I	DBA):	Years in E	Business:		
Type of Business:	Corporation	L.L.C Par	tnership	Sole Proprieto	orship
Tax ID #		D&B Number:			
Owner's/Principal N	ame:				
	nail:				
Accounting Cont	act Information				
Acc. Payable Contac	t Name:		A/P Pho	one:	
A/P Fax:		A/P Email:			
Trade Reference	s Information				
1. Name:		Phone:		Email:	
Acct. #:					
		_		Email:	
		<u> </u>			
		Phone:		Email:	
Acct. #:					

Bank Reference	
Bank Name:	Officer:
Branch Name:	
Checking Acct. #:	
Savings Acct. #:	
Have you ordered from us before? Yes	No
If yes, what did you order? Or Invoice No	
Products you will order:	
Volume/Qty:	
Note: *Many of the products you order will be listed or 30) account with Impak Corporation.	n our website and will have a different (higher) cost for an open (Net
*The minimum order request for Net 30 accounts	s is \$140.00.
*Credit approval does not establish net 30 accoullmpak Corporation.	nts; timely payment of the first invoice will establish terms with
*Please review our terms and conditions via http	://www.sorbentsystems.com/terms_and_conditions.html
Your first purchase order to Impak Corporation i	must include a "Net 30 Rev" statement.
this Credit Agreement, the applicant hereby agrees to the followaccount is not paid in full by the due date, applicant will inform of 1.5% per month (18% annual) computed on the unpaid balance incurred in connection with collection of any past due balances	Agreement of applicant and is duly authorized to act on its behalf. If extended credit pursuant to wing terms: Payment is due in full 30 days from the date of invoice. In the event that IMPAK Corporation of the reason for nonpayment and will pay a late payment charge ce. The applicant agrees to be responsible to pay all cost and reasonable attorney's fees on this account. IMPAK Corporation is hereby authorized to investigate the references responsibility. This Credit Application and Agreement supersedes any prior agreement
Please allow 5-7 business days to process your app	olication provided the trade references reply in a timely manner.
Authorized Signature:	Date:
Printed Name & Title:	