



Integrated Metal Components, Inc.
 29121 SW Kinsman Rd
 Wilsonville OR 97070
 (503) 570-8560 Fax (503) 570-9131
 http://www.imcmetals.com

Integrated Metal Components, Inc.

Application For Credit

Company Name: _____
 Corporation LLC LLP Partnership Sole Proprietorship DBA
 Credit Limit Requested: \$ _____
 Phone: _____ Fax: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Billing Address: _____
 Shipping Address: _____
 Principal Owner(s)/Officers Name(s): _____
 Nature of Business: _____ Est. Annual Sales: _____
 How Long in Business: _____ How Long at This Address: _____
 Previous Address (if less than 3 yrs): _____

Trade References

Name:	Address:	Phone:	Fax:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank References

Name, Branch, Acct#:	Address:	Phone:	Fax:
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I/we agree that any extension of credit shall be subject to the following terms and conditions:

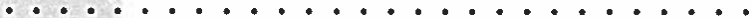
1. That the above information regarding the financial condition of the applicant of credit, for the purpose of obtaining credit from INTEGRATED METAL COMPONENTS, INC. (IMC) is warranted to be true.
2. I/we authorize IMC or it's agents to investigate the information included herein, and to contact the references listed, pertaining to my/our credit and financial responsibility.
3. I/we agree that any invoices not paid within the terms allowed on the invoice shall be considered delinquent and each said invoice will be assessed a service charge or interest at the rate assessed to new IMC accounts at the time, with the maximum interest rate not to exceed eighteen percent (18%).
4. I/we agree that each service charge or imposition of interest will be paid promptly at the amount appearing on the invoice or statement.
5. In the event that our delinquent account is placed for collection, or a suit is instituted through an attorney, I/we agree to pay reasonable collection charges and/or attorney fees to IMC.
6. I/we agree to the "Terms and Conditions of Sale" set forth on the invoice or statement.
7. I/we agree to sign a personal guarantee if the above company is a DBA, Corporation, LLC, or LLP.

Date: _____

Signature: _____

Owner/Corporate Officer

X:/accounting/customercreditapp





Integrated Metal Components, Inc.
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Integrated Metal Components, Inc.

Dear Valued Customer,

Please fill out the following information and email or fax back to us:

- Company Name: _____
- Main Phone: _____ Fax _____
- Billing Address: _____

- Shipping Address: _____

- Accounts Payable Contact: Name _____
Email: _____ Phone _____ Ext _____
- Account Representative: Name _____
Email: _____ Phone _____ Ext _____

In keeping with our continuing effort of moving toward a greener way of doing business, IMC is again offering to send all invoices, credit memos, and monthly statements to you via email. If you would like to receive these things electronically, please indicate below:

_____ Yes we would like to receive these electronically.

If the invoicing email address is different than the contact above, please fill in below:

Email: _____



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Integrated Metal Components, Inc.

To Our Valued Customers;

IMC has standardized our return & rework crediting procedure. While IMC's goal is of course to never have a need for a return, it is a necessity. In order to streamline the process, and prevent oversights, we are offering our customers the opportunity to choose one of the following options as their default return policy.

Option 1: Customer will receive a credit for all returns/reworks, and will be re-invoiced upon delivery of replacement parts. Customer will receive all paperwork, with notes regarding RMA number and corresponding credit memo number.

Option 2: IMC will credit and re-invoice all replacements, but will immediately apply the corresponding credits to the invoice, thus zeroing out the balance. Customer will NOT receive a credit note or re-invoice, and no extra charges will be applied to the account.

If you have questions regarding these options, or neither option is acceptable, please contact your account representative. If no response is received, Option 1 will be chosen as the default.

We would also like to remind our customers that when you do have a return, it is requested that you contact either the Quality department or your Account Manager to obtain a RMA#. Our drivers are instructed to not pick up parts without having RMA paperwork for you to sign.

Thank you,

Tim Prather
Quality Manager
tprather@imcmetals.com

Sharon McGrath
Accounting Manager
smcgrath@imcmetals.com

Please fill out below and return to IMC by return email or fax to 503-570-9131

Customer: _____

Circle Choice: Option 1 Option 2

Signed: _____

Date: _____

Print Name / Title: _____

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