

Integrated Metal Components, Inc.

Dear Valued Customer,

Please fill out the following information and return to our accounting dept (either by email or fax is preferred):

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

- Shipping Address: _____

- Receiving Hours & Days: _____
- Accounts Payable Contact: Name _____
Email: _____
Phone: _____ Ext: _____
- Account Representative: Name: _____
Email: _____
Phone: _____ Ext: _____

IMC is offering to send all invoicing paperwork to you via email. If you would like to receive these 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: _____

Please fill out the form with Adobe Reader, print the form, then email or fax to Integrated Metal Components.