

# 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.