

CREDIT CARD APPLICATION

Company Name	
Address	
City State	Zip Code
Phone Number	
A/P Contact	Phone Number
Fed ID Number	
Tax Exempt/Resale - Please Attach Forms	
Type Of Company -	Partnership DBA
Are You A Distributor	NO
IMS Customer#	_
AUTHORIZATION TO CHARGE CREDIT CARD	
Name	
Company	
Invoice/REF#	
Card Number	Exp
Security Code	
Name As It Appears On Card	
I/We agree that the credit card listed may b payment of products or services referenced kept on file for future purchases.	
Company Officer	_Title
Signature	Date