



BUILDING SUPPLIES
SHERIDAN, MONTANA
406.842.5643

IMOC Building Supplies
33 Mill Gulch Road
PO Box 257
Sheridan, MT 59749
406-842-5643
Fax: 406-842-7290

*Thank you for your interest in our company.
Please complete this form entirely so we may
Have an accurate record for sales and credit
purposes. Our credit terms are on this form.
If you need further information, please call
our office at the numbers listed.*

CREDIT APPLICATION

BUSINESS APPLICATION

FIRM NAME	PHONE	FAX	FID	
STREET ADDRESS		MAILING ADDRESS		
CITY/STATE/ZIP		CITY/STATE/ZIP		
CORPORATE PRINCIPAL / PARTNERS	SS#	CORPORATE PRINCIPAL / PARTNERS	SS#	
CORPORATE PRINCIPAL / PARTNERS	SS#	TYPE OF BUSINESS		
LEGAL ENTITY OF FIRM	YEAR BUSINESS STARTED	YR INC.	ST INC.	PURCHASE ORDER RQD
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship				<input type="checkbox"/> Yes <input type="checkbox"/> No

INDIVIDUAL OR JOINT APPLICATION

NAME	SS#	SPOUSE'S NAME	SS#
ADDRESS	PHONE	FAX	
CITY/STATE/ZIP	RENT	OWN	Years at current address
PREVIOUS ADDRESS	Years at previous address		
OCCUPATION	EMPLOYER	YEARS EMPLOYED	
EMPLOYER ADDRESS	EMPLOYER PHONE		

eSTATEMENTS

Do you wish to receive your statement by e-mail? Please check the box below and fill out your e-mail address. (If you choose eSTATEMENTS you will not receive a statement by regular mail)

No Yes E-Mail Address: _____

ESTIMATED YEARLY PURCHASES

<input type="checkbox"/> \$0-1,000	<input type="checkbox"/> \$1,000-5,000	<input type="checkbox"/> \$5,000-10,000	<input type="checkbox"/> \$10,000-50,000	<input type="checkbox"/> \$50,000+
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AUTHORIZATION

Authorization to Release Information of Credit

I understand that Equifax will be creating a copy of my credit report for the following agency or company. I also agree to have the following agency or company to contact banks, financial institutions and the like to obtain the necessary information to conduct their inquiry.

IMOC Building Supplies
33 Mill Gulch Road
PO Box 257
Sheridan, MT 59749
Phone: (406) 842-5643
Fax: (406) 842-7290

I authorize the release of my credit information to the aforementioned agency or company.

Signature

Date

Printed Name

Address

Social Security Number

Co-Signer (if applicable)

Date

Printed Name

Address

Social Security Number



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JOB ADDITION FORM

MUST BE COMPLETED IN ITS ENTIRETY TO ENSURE ACCOUNT WILL BE OPENED

*Montana code 71-3-531. (7) Notice of right to claim lien required - exceptions.
 (Montana State Code as directly provided by Montana Legislative Services)*

(7) At the request of any subcontractor or material supplier who may claim a lien through a person providing services or materials to a contracting owner, the person shall furnish to the requestor within 5 business days:

- (a) a description sufficient to identify the real estate being improved; and*
- (b) the name and address of the contracting owner.*

History: En. Sec. 7, Ch. 202, L. 1987; and Sec. 1, Ch. 291, L. 1989; and Sec. 1, Ch. 484, L. 1991; and Sec. 1, Ch. 357, L. 1999.

Today's Date _____ Salesperson _____

Account Name/Number _____

Job Name _____

Delivery Street Address _____

City _____ County _____

Residential Commercial Subcontractor

Property Owner's Name _____

Owner's Mailing Address _____

City _____ County _____

Building Site Legal Description _____

Contractor Signature _____ Date _____



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AUTHORIZED SIGNATURES

COMPANY/BUSINESS NAME _____

The following persons are authorized to make purchases or charges to my account with IMOC Building Supplies. I understand that only the listed parties and myself may make purchases or charges to my account. I further understand it is my responsibility to provide written notification of any deletions or additions to this list or authorized parties.

PRINTED NAME

SIGNATURE OF NAME

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above list constitutes those persons who are authorized to purchase or charge to my account and may act as my agent in that capacity. If you are returning this via fax, it is understood to be the original.

Date: _____

Printed name of responsible party: _____

Signature: _____

Title: _____