



**Corporate Office:**

100 Gast Road  
Hampshire, IL 60140  
Phone: 800-927-3293  
Fax: 800-824-8942  
www.minerallac.com

**Regional Office:**

4118 B Place NW, Suite A  
Auburn, WA 98001-2462  
Phone: 800-927-3293  
Fax: 206-789-9362  
www.minerallac.com

Dear Potential Customer:

Thank you for your interest in opening a business account with Minerallac Company.

We request information about your business and obtain a signed credit application from all of our customers. This confidential information is necessary to reach a credit decision based on the most accurate and current information and to better serve your needs.

The credit application package includes this introductory letter, Credit Application, and a Request for Taxpayer Identification Number and Certification (W-9). Also, include a current resale certificate. All sections of each form must be completed in their entirety, signed, and returned to Business Development Support (see below) before consideration will be given to any request. Your request may take two business days or more to process. Applications with orders will be handled on an individual basis.

Please return completed forms via:

Mail: Minerallac Company  
Attention: Business Development Support  
100 Gast Road  
Hampshire, IL 60140  
Fax: 800-824-8942  
Email: [bds@minerallac.com](mailto:bds@minerallac.com)

Should you have any questions, please call 800-927-3293.

We look forward to hearing from you. Thank you for your cooperation in this matter.

Sincerely,

Business Development Team  
Minerallac Company



100 Gast Road  
Hampshire, IL 60140  
Tel 800-927-3293  
Fax 800-824-8942  
www.minerallac.com

**FEIN # - attach W-9** \_\_\_\_\_

**Tax Exempt - attach certificate(s)**  State Exempt  
 Multi-State Exempt

**Anticipated Annual Purchases** \_\_\_\_\_

Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business:  Distributor  OEM  STAFDA  
Parent Company Name: \_\_\_\_\_  
(if different than branch or corporate name)

Corporate Office Address: \_\_\_\_\_

Date business was established: \_\_\_\_\_ Payables are processed by:  Corporate Office

Marketing Group Membership:  Affiliated Distributors  Branch  Third Party  
 IMARK Electric  N/A  IMARK Plumbing **Purchase Order Required:**  No  Yes

*Bill To Address:* \_\_\_\_\_ *Ship To Address:* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AP Contact: \_\_\_\_\_ Purchasing Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Send invoices via:  Email  Mail  Fax  EDI E-mail address/Fax number \_\_\_\_\_

**Additional Bill to or Ship to Address(s) - attach copy**

**(1) BANK & (3) TRADE REFERENCES - or attach copy**

Name	Account Number	Contact	Phone	Fax
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**The undersigned agrees to the creditor's terms and conditions and will pay all invoices on or before the date due as per terms on invoice. Should credit availability be granted by the creditor, all decisions with respect to the extension, continuation or termination of credit will be at the sole discretion of the creditor. Additionally, the undersigned shall be responsible for all collection costs and attorney's fees in connection with any delinquent amount. The undersigned gives permission to the Bank and Trade References to release information to Minerallac Company.**

Signature of Authorized Representative: \_\_\_\_\_  
Signature Title

Printed Name Date



