



**IMER USA, Inc.**  
 423 Bank Street, Suite 180  
 Southlake, TX 76092  
 Tel. (800) 275-5463  
 Fax (301) 336-6687  
 orders@imerusa.com

# CREDIT APPLICATION

BILLING INFORMATION		SHIPPING INFORMATION <small>[ ] Check if same as billing information</small>	
Company Name		Company Name	
Address		Address	
City		City	
State	Zipcode	State	Zipcode
Company Phone		Company Phone	

### COMPANY BIO:

Type of Organization:  Corporation  Partnership  Individual      Business Website Address: \_\_\_\_\_  
 Year Business Started: \_\_\_\_\_ Years at present location: \_\_\_\_\_ Number of Locations: \_\_\_\_\_ Online Retailer:  Yes  No  
 If exempt from tax - Resale Number: \_\_\_\_\_ Have you ever filed bankruptcy:  Yes  No If Yes, when? \_\_\_\_\_  
 State: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

OWNERS - PARTNERS - OFFICERS			
Name		Name	
Title / Position		Title / Position	
Address		Address	
City		City	
State	Zipcode	State	Zipcode

**AP CONTACT** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

BANKING INFORMATION		
Bank Name	Bank Name	Bank Name
Location	Location	Location
Account #	Account #	Account #
Contact	Contact	Contact

TRADE REFERENCES		
Company	Company	Company
Email	Email	Email
Phone	Phone	Phone

I certify that the information above is true and correct and that I can and will comply with the terms and conditions of such credit extended. In making this application for credit, the CUSTOMER agrees to pay all invoices within 30 days from the date of invoice or within the terms of each invoice. The CUSTOMER also agrees to pay a service charge of 1.5% per month for every month on overdue balances. In the event that a suit or collection agency becomes necessary, I PERSONALLY GUARANTEE PAYMENT OF THIS ACCOUNT. The CUSTOMER agrees to pay the seller's reasonable attorney fees and/or cost of collection. Must be signed by a principal in the company.

**SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_



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Hello,

Thank you for your interest in opening an account with IMER Group | USA.

Please describe the types of products and industry you wish to represent:  
*Please check all that apply.*

I want to sell the following products:

Barrel Mixers	Tile Saws	Conitnuous Pumps	Mini-Dumpers
Vertical Shaft Mixers	Masonry Saws	Progressive Cavity Pumps	Indoor Scissor Lifts
Continuous Mixers	Diamond Blades	Pump Accessories	Rough Terrain Scissor Lifts
			Tracked Access Lifts

My company is:

Rental & Equipment    Contractor Supply    Authorized Service Center    Other \_\_\_\_\_

To establish your account with IMER Group | USA (IMER USA):

- Complete the attached credit application and return to IMER via email (orders@imerusa.com)
- Complete and return the attached W-9 Form.
- Include a copy of the Sales Tax Resale Certificate from your state if tax exempt.
- IMER will process your application within 5 business days.
- You will receive notification of the status of your account which will allow you to place your initial order.

If your new order must ship immediately, please notify our Inside Sales department. We do accept Visa, Mastercard, and American Express for your convenience.

Once your account is established, we will need to set up a quick call to discuss the products and sales opportunities specific to your market plus the many marketing tools you have available, such as brochures, signage, videos - plus the opportunity to be added to the dealer listing on the IMER website.

If you have any questions, please feel free to contact me directly.

**Ethan Steele**  
Controller

IMER Group | USA

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>IMER USA, Inc.</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. <b>423 Bank St. #180</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Southlake, TX 76092</b>		
	7 List account number(s) here (optional)		

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**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
8	6		-	1	5	8	5	8	4

### Part II Certification

Under penalties of perjury, I certify that:

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<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>7/13/23</b>
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