



**Intermountain Lock and Security  
Supply, dba IML Security Supply**  
Online Marketplace – Direct Online Order  
**24I-IML-0411**

**MOHAVE EDUCATIONAL SERVICES COOPERATIVE INC.**

**211 N 7<sup>TH</sup> STREET, KINGMAN, AZ 86401**

**(928) 753-6945**

**[WWW.MESC.ORG](http://WWW.MESC.ORG)**

**REV 10/22/2024 MRN**

# ATTENTION

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**THE FOLLOWING CONTRACT WAS AWARDED TO PROVIDE AN ONLINE MARKETPLACE FOR THE PURCHASE OF TRANSACTIONAL ITEMS, MATERIALS, PRODUCTS, AND EQUIPMENT.**

**THE SOLICITATION AND AWARDED CONTRACTS DO NOT LIMIT OR RESTRICT WHICH TRANSACTIONAL ITEMS, MATERIALS, PRODUCTS, AND EQUIPMENT CAN BE OFFERED. YOU WILL BE RESPONSIBLE TO ENSURE ALL PURCHASES MADE UNDER THIS AWARDED CONTRACT MEET YOUR DISTRICT'S, AGENCIES', OR ORGANIZATION'S PROCUREMENT POLICIES.**

- **THE ONLY RESTRICTION PLACED ON THE AWARDED CONTRACTS IS THE PROHIBITION OF IN-STORE PURCHASING AND/OR IN-STORE PICK-UP.**

# Ordering Overview (Direct On-Line Order)

- (1) Member must fill out 1 Page App. We need Bill to, Ship to, AR Contact, to know if they are taxable or non-taxable. If non taxable an AZ form 5000 is also needed. Send app/forms to [tom.moore@imlss.com](mailto:tom.moore@imlss.com).
  - If they have an existing account, Member must notify us they are part of Mohave so that we can change credentials to Mohave and to copy buy program over. Member must notify IML to ensure pricing is correct.
- (2) New Accounts will be given an account # after app is set up. Mohave discounts/buy program will be automatically copied over.
- (3) Member logs on to IML Security Supply's direct order website using new account #. They set up username (email address) and password for the Mohave contract with credentials specific member chooses. Member can use website for quotes or contact Jeff Caswell for detailed non-stock special order quotes. These can be converted then online by customer.
  - Member creates purchase order for products and/or services.
  - Include MESG Contract # 24I-IML-0411 on the purchase order.
- Member creates order on-line for products.
- Member will address order concerns (missing items, damaged items, returns, substitutions, etc.) directly with the main member contact or [phoenix,contracts@imlss.com](mailto:phoenix,contracts@imlss.com).
- Member may use Pcard/credit card at check out. We can keep on file too.

# Questions

- For Mohave questions, contact Michael Nentwig at [mike@mesc.org](mailto:mike@mesc.org) or (928) 718-3204
- For Vendor questions related to Quotes and Orders, please contact your local store 602-438-6068, Jeff.Caswell / [phoenix.contracts@imlss.com](mailto:phoenix.contracts@imlss.com). You can find your local store by visiting our website: [www.imlss.com](http://www.imlss.com)

# IML CUSTOMER APPLICATION: PAGE 1

New   
Update

IML Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Order Pending:  Yes  No Date: \_\_\_\_\_

## BILLING/SHIPPING INFORMATION

Official Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_

## ACCOUNTS PAYABLE

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How would you like to receive your invoices?  Email  Mail  
How would you like to receive your statements?  Email  Mail  
Who is Authorized to make purchases on your account?  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_

## ACCOUNT INFORMATION

Business Type:  Corporation  LLC  Partnership  Sole Proprietor  
Subsidiary Division of: \_\_\_\_\_  
Years of Operation: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
*Please include a copy of your business license with application.*  
Charge Sales Tax:  Yes  No  
For Tax Exempt customers located in AZ, CA, CO, FL, HI, ID, IL, IN, KS, LA, MD, MS, NC, NJ, NM, NV, PA, OK, SD, TX, UT, WA and WY, you are required by law to provide your tax exemption certificate. Please note: if proper documentation is not provided or cannot be verified through your state, sales tax will be charged on your orders.  
Account Terms:  Open Terms Account: Credit Line Requested: \$ \_\_\_\_\_  
 Credit Card  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER  
Card Number: \_\_\_\_\_  
Expiration: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
A valid credit card is required for all credit card accounts. You are hereby authorizing us to use this card for purchases made on this account.

*(Please complete page 1 and page 2 before submitting.)*

**PLEASE SEND COMPLETED AND SIGNED APPLICATION TO [NEWACCOUNTS@IMLSS.COM](mailto:NEWACCOUNTS@IMLSS.COM).**  
**YOU MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION OR DOCUMENTATIONS.**  
**PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING.**

Dallas - Denver - Kansas City - Las Vegas - Los Angeles - Phoenix - Salt Lake City - San Antonio - Seattle

