

INNOVATION INDUSTRIES INC

P.O. Box 2996
Russellville, Arkansas 72811
Phone: (800)-843-1004
Fax: (479)-968-1547 (Accounting)

CREDIT APPLICATION

Business Name: _____

Billing Address: Address/PO Box: _____

City/State/Zip: _____

Shipping Address: Street Address: _____

City/State/Zip: _____

Telephone: _____ **Fax:** _____

Accounts Payable Contact: _____ **Phone:** _____

Former Business Name / Address: _____

Duns# _____ **Credit Requested** _____ **Federal Tax ID #** _____

Type of Business: _____ **Date Established** _____

Ownership: (Check One) Sole Proprietorship Partnership Corporation

Principal Owners, Partners or Officers

Name	Title	Home Address	SS #	Phone #

Trade References

Name	Phone	Fax

Bank Reference

Name: _____

Address: _____

Phone #: _____ **Fax:** _____

Officer: _____ **Acct #** _____

RESELLER'S STATE TAX EXEMPTION INFORMATION

(Enclose copies of exemption certificates)

Arkansas Certificate Number: _____

Home State Certificate Number: _____

Other State(s) and Certificate No(s): _____

Number of Employees: _____ **Estimated Annual Sales:** _____

Has the company or any of it's principals ever declared bankruptcy? **Yes** **No**

If yes, give details: _____

NOTICE

In making this application, I understand that all invoices are payable on or before 30 days from invoice date. I acknowledge and agree that if not paid on or before said date, the account is then delinquent and subject to a late charge equal to the maximum legal interest rate which may be charged each month.

In the event of default and referral to an attorney or collection agency, I agree to pay all cost of collection including reasonable attorney fees.

If credit is granted, I agree to the above terms and the undersigned is responsible for payment of the account. In consideration of your extending credit to the above firm at my request, I hereby personally guarantee payment of all obligations of said firm to you until withdrawn by me by certified mail.

I understand that the above information is given for the purpose of obtaining credit and hereby authorize trade and bank references listed above to release the information requested. I certify that, to the best of my knowledge, the above information is complete and accurate as of the date on this application.

Authorized Signature _____ **Date:** _____

(Print Name) _____

Innovation Industries Credit Department Use Only

Credit Approved **Yes** **No**

Credit Line: _____ **Date:** _____

Comments: _____

