



P.O. BOX 2996  
RUSSELLVILLE, AR 72811

3500 E. MAIN STREET  
RUSSELLVILLE, AR 72802

479-968-2232  
DIRECT FAX NUMBERS

Sales: (479) 968-7986  
Purchasing: (479) 967-5903  
Accounting: (479) 968-1547

Dear Potential Customer:

Thank you for your interest in doing business with Innovation Industries. We appreciate the opportunity to serve you.

In order that we may consider extending you credit, please complete and return the following credit application. Our standard credit terms are Net 30 days. We also accept American Express, MasterCard and Visa.

Please complete and return the application to me at your earliest convenience. **Please use the form provided and return both pages with a signature & printed name on page 2, as we can't open an account without it.** You may fax it to my attention at 479-968-1547.

Feel free to contact me if you have any questions or if I may assist you in any way. We look forward to working with you in the future as we serve your elevator fixtures and parts needs.

Best regards,

*Dollie Kirkley*  
Accounts Receivable



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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_