



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 Sanders
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

Table with 5 columns: Name, Title, Home Address, SS #, Phone #. Contains 5 empty rows for data entry.

Trade References

Table with 3 columns: Name, Phone, Fax. Contains 5 empty rows for data entry.

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: _____

