

INNOVAT CORPORATION NEW CUSTOMER FORM & CREDIT APPLICATION

"Welding & Industrial Printed Circuit Board Repair"

~A Certified Woman's Enterprise with the Commonwealth of Virginia~

896 Adwolfe Rd. (Fed-Ex or UPS)

PO Box 1187 (Postal Service Use only)

Marion, VA 24354 USA

PH: 800-626-1887 * Fax: 276-783-4943 * www.innovatcorp.com

BILLING INFORMATION

Company Name: _____

**Federal Tax ID#:(required) _____ or SS# _____

Address: _____

City, ST, Zip: _____

Contact: _____

Phone: _____ Cell: _____

Fax: _____ E-mail: _____

Invoice Delivery Method: _____ Mail _____ E-mail

SHIP TO INFORMATION

Company Name: _____

**Federal Tax ID#:(if different) _____ or SS# _____

Address: _____

City, ST, Zip: _____

Contact: _____

Phone: _____ Cell: _____

Fax: _____ E-mail: _____

Would you like to provide your UPS or Fed-Ex Shipper #? _____

GENERAL COMPANY INFORMATION

TYPE OF BUSINESS: _____ Welder Repair _____ Welding Supply _____ End-User _____ Other
(if other, please explain: _____)

Signature of person completing this form: _____

Re-Sale Certification#: (if applicable) _____

Dun & Bradstreet #: (if applicable) _____

Principal Officer: _____

Legal Structure: (please circle)
Corporation LLC Sole-Proprietor Partnership LLP Non-Profit

In Business Since: (year) _____

Has the company or any of its Principals ever declared Bankruptcy? _____ Yes _____ No

If yes, please explain: _____

Account Options: **First Orders are Credit Card, C.O.C. Or Prepay only.**

(For future orders, businesses may apply for an open account. Fill out Pg.2 and return.)

International Customers are Credit Card or Electronic Funds Transfer only.

Check the method of payment for your first order: (please call 800-626-1887 with your credit card #)

____ American Express ____ Discover ____ MasterCard ____ Visa

____ Check here if using a Debit Card. If so, do you need contacted prior to running the card? ____ No ____ Yes

Where do we send your credit card receipt?

____ with packing slip ____ mail with invoice ____ e-mail it to: _____

____ C.O.D.(additional charges will apply) ____ Prepay ____ EFT (Electronic Funds Transfer)

____ Open Account for future orders: NET 30 days (3 trade references required. Fill out pg.2 and return)

INNOVAT CORPORATION OPEN ACCOUNT APPLICATION – OPTIONAL (PG.2)

BANK REFERENCES

Bank Name (#1): _____ Bank Type: _____
Bank Address: _____
City, ST, Zip: _____
Bank Contact: _____ PH: _____

**CREDIT REFERENCES (3 required)
(PH#, FAX#, AND ACCOUNT# REQUIRED)**

COMPANY: _____ Account #: _____
Address: _____
City, ST, Zip: _____
Fax # or E-mail: _____

COMPANY: _____ Account #: _____
Address: _____
City, ST, Zip: _____
Fax # or E-mail: _____

COMPANY: _____ Account #: _____
Address: _____
City, ST, Zip: _____
Fax # or E-mail: _____

COMPANY: _____ Account #: _____
Address: _____
City, ST, Zip: _____
Fax # or E-mail: _____

COMPANY: _____ Account #: _____
Address: _____
City, ST, Zip: _____
Fax # or E-mail: _____

You may provide additional references. We must hear back with 3 favorable references.

SIGNATURE & AUTHORIZATION

The signature below represents and warrants that (a) the party signing below is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentations or fraudulent information provided will be a basis for default under this agreement.

By signing this form, I expressly authorize Innovat Corporation to contact the above references to determine credit worthiness and agree to **Innovat Corporation's terms of NET 30 DAYS**. If you prefer another term, you must contact our accounting department for approval.

Signature: _____ Date: _____

Print Name: _____ Title: _____