

INNOVAT CORPORATION
OPEN ACCOUNT APPLICATION FOR DOMESTIC BUSINESSES

BANK REFERENCES

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

CREDIT REFERENCES (3 favorable responses required)
FAX# OR E-MAIL REQUIRED. ACCOUNT# REQUIRED IF KNOWN.

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, you are authorizing Innovat Corporation to contact the above references to determine credit worthiness and agree to **Innovat Corporation's terms of NET 30 DAYS**. If another term is preferred, you must contact our accounting department for approval.

If approved, failure to keep terms may result in forfeiture of open account.

Signature: _____ Date: _____

Print Name: _____ Title: _____