

**INNOVAT CORPORATION NEW CUSTOMER FORM & CREDIT APPLICATION FOR BUSINESSES**

*"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](http://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.D., OR PREPAY ONLY.** For future orders, you 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

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

Where do we send your credit card receipt?

\_\_\_\_ with packing slip    \_\_\_\_ mail with invoice    \_\_\_\_ e-mail it to: \_\_\_\_\_

\_\_\_\_ 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: \_\_\_\_\_