

Innovatech Credit Application

Legal Business Name		Primary Contact Name		Business Telephone Number	
D.B.A. "Doing Business As" (If Applicable)		Email Address		Business Fax Number	
Business Street Address		City	State	Zip Code	
Billing Address (If Applicable)		City	State	Zip Code	
Description of Business		Total Years in Business		Years in Business Under Current Ownership	
Proprietorship <input type="checkbox"/> Corporation (State _____) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Government <input type="checkbox"/>					
HOW MUCH CREDIT WOULD YOU LIKE TO BE APPROVED FOR?			WHAT EQUIPMENT ARE YOU INTERESTED IN PURCHASING?		

TRADE/CREDIT REFERENCES (Please Provide 3 Trade/Credit References)

Trade Reference	Account Number	Contact Name	Telephone Number

BANKING REFERENCES

Bank Name	Account Number	Contact Name	Telephone Number

OWNERS, PARTNERS, OR PRINCIPALS INFORMATION (Social Security Numbers Must be Complete)

Name & Company Title	Home Address	Social Security Number	Ownership Percentage

PLEASE READ AND SIGN:

By Signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of obligations, provides written instruction to Innovatech Products and Equipment Co. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal, or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

Signature _____
Date

THIS SECTION BELOW MUST BE FILLED OUT AND SIGNED BEFORE ANY CREDIT WILL BE REVIEWED

I understand that Innovatech Products & Equipment Co. Inc. will provide me with a thirty (30) day net term account based upon credit approval. I hereby authorize Innovatech to charge my credit card listed below for any invoices with over due balances fifteen (15) or more days past due. Innovatech reserves the right to add up to a 3.25% credit card transaction fee for late payments.

CREDIT CARD HOLDERS NAME:	EXP. DATE: /
CREDIT CARD NUMBER	CARD CODE: BILLING ZIP:
CREDIT CARD HOLDERS SIGNATURE:	

NOTICE: The following agreement is provided for your information. Please read this agreement before signing the application.

CREDIT AGREEMENT:

If this thirty day account is opened, I agree:

1. To pay each invoice within **thirty (30) days**, IF NOT,
2. To pay interest on any past due balances at the rate of 1.5% per month on any invoices thirty-one days and older.
3. To pay attorney's fees and all costs in the event that collection efforts become necessary, and jurisdiction maybe in Snohomish County, Washington State at creditor's option.
4. To authorize release of credit and banking information necessary for approval of this request.

Signature: _____ Date: _____
 Signer's Printed Name: _____ Date: _____

FOR IN-HOUSE USE ONLY:

Credit Approval:	Date:	Credit Level Approved:
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