

# Innova Technology, Inc.

8328 Fall Chill Court  
Ellicott City, MD 20701  
(443) 996-1611

Customer Number

**CUSTOMER CREDIT APPLICATION**  
**FAX TO: (410) 750-1803**

Terms Requested: COD \_\_\_\_\_ Company Check \_\_\_\_\_ Net 5 \_\_\_\_\_ Net 10 \_\_\_\_\_ Net 20 \_\_\_\_\_ Credit Line Requested \$ \_\_\_\_\_

Company Name:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
Trade Name (dba):	Tax Exempt Number:		
Billing/Mailing Address:	Years in Business:	D&B Number:	
City, State, Zip:	Nature of Business:		
Phone	Business Operated From:	<input type="checkbox"/> Commercial Building	<input type="checkbox"/> Home
Fax:	Years at Address:	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
Person to Contact for Payment:	Annual Sales:	Est. Monthly Purchases:	

## PRINCIPALS

Name & Title:	Social Security Number:
Address:	
Name & Title:	Social Security Number:
Address:	
Name & Title:	Social Security Number:
Address:	

## BANK INFORMATION

Bank Name:	Contact:
Address:	City: State: Zip:
Account Number:	Phone:
Second Account or Loan Number:	

## TRADE INFORMATION

Company Name:	Account Number:
Address:	Contact:
City, State, Zip:	Phone:
Company Name:	Account Number:
Address:	Contact:
City, State, Zip:	Phone:
Company Name:	Account Number:
Address:	Contact:
City, State, Zip:	Phone:

## AUTHORIZATION

The undersigned authorizes release of all banking and credit information, both business and/or personal requested by Innova Technology, Inc. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original which I have signed.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name / Title