



Credit Application Form

Medical Facilities (Hospitals and Nursing Homes)

Page 1 of 2

Billing Information

Legal Name

Trade Name / DBA

Billing Address

Phone Number

Fax Number

City

State

Postal Code

Email Address

Account Information

Year Business Established

Federal Tax ID

Anticipated Annual Purchases \$

DUN and Bradstreet Number

Credit Line Requested

Invoice Mailed

Invoice Emailed

Email Address

Contact Information

Controllers Name

Phone

Email

Accounts Payable Contact

Phone

Email

Purchasing Contact

Phone

Email

Ownership Information

Select One: A. Public Corp B. Private Corp C. Partnership D. Proprieter E. Not for Profit

if A or B, list names and address of Parent corp. If C, D, or E, list name(s), address(es) and social security numbers of Owner(s).

Name

Name

Billing Address

Billing Address

City

State

Postal Code

City

State

Postal Code

If more space is required, please list on additional page.

SSN

When complete, return with your purchase order by fax to 281-220-1350 or email sales@inovatiqa.com

Phone | 346 - 229 - 4142

Fax | 281 - 220 - 1350

inovatiqa.com

Inovatiqa Corporation | 12815 Capricorn St, Stafford, TX, 77477 | customerservice@inovatiqa.com



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Bank Reference

Bank Name

Account #

Billing Address

Phone Number

City

State

Postal Code

Fax Number

Trade Reference

Name & / or Department

Account #

Billing Address

Phone Number

Fax Number

City

State

Postal Code

Email Address

Name & / or Department

Account #

Billing Address

Phone Number

Fax Number

City

State

Postal Code

Email Address

Name & / or Department

Account #

Billing Address

Phone Number

Fax Number

City

State

Postal Code

Email Address

Name & / or Department

Account #

Billing Address

Phone Number

Fax Number

City

State

Postal Code

Email Address

The applicant grants permission to Inovatiqa Corporation to contact commercial & consumer credit reporting agencies and any or all bank & trade references provided, together with any other references which may be provided by these references.

I hereby certify that, to the best of my knowledge and belief, the information stated above is true and correct. That I am duly authorized by the Applicant to submit this application and make agreements and representations contained herein in the name of and on behalf of the Applicant.

Print Name

Title

Signature

Date

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