



Credit Application Form

Federal, State, and Local Governments and Institutions

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

Is the entity tax exempt? Yes No **[If you select "yes", attach copy of exemption certificate]**

Invoice Mailed

Invoice Emailed

Email Address

Contact Information

Controllers Name

Phone

Email

Accounts Payable Contact

Phone

Email

Purchasing Contact

Phone

Email

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

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

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