



CREDIT APPLICATION

DATE: _____

CORPORATE NAME: _____

TYPE OF ORGANIZATION: _____

TRADE NAME (IF DIFFERENT): _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PRINCIPAL/OWNER: _____ **RESALE NO.:** _____

BUSINESS PHONE: _____ **BUSINESS FAX:** _____

HOW LONG IN BUSINESS? _____ **D&B RATED:** _____

CREDIT LINE REQUESTED: _____ **CREDIT TERMS:** **NET 30 DAYS** **C.O.D.**

BANK REFERENCES

COMPANY: _____ **ADDRESS:** _____

ACCOUNT NO.: _____ **PHONE NO.:** _____

FAX NO.: _____ **CONTACT:** _____

COMPANY: _____ **ADDRESS:** _____

ACCOUNT NO.: _____ **PHONE NO.:** _____

FAX NO.: _____ **CONTACT:** _____

27811 AVE. HOPKINS
UNIT #6
VALENCIA, CA 91355-4581
USA

(661) 775-1671 (PH)
(661) 775-1672 (FX)

WWW.INNOVATIVEMFGSOLUTIONS.COM

TRADE REFERENCES

COMPANY: _____

ADDRESS: _____

CUSTOMER NO.: _____

PHONE NO.: _____

FAX NO.: _____

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CUSTOMER NO.: _____

PHONE NO.: _____

FAX NO.: _____

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CUSTOMER NO.: _____

PHONE NO.: _____

FAX NO.: _____

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CUSTOMER NO.: _____

PHONE NO.: _____

FAX NO.: _____

CONTACT: _____

I, the undersigned authorize credit inquiries and agree to the release of company information for the exclusive use for legitimate business purposes only. And furthermore, acknowledge that any credit privileges may be withdrawn at anytime. I certify this information to be true and accurate.

APPROVED BY

TITLE

DATE

INNOVATIVE MANUFACTURING SOLUTIONS
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