



# INOVA STAFFING

## Client Credit Application

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

EIN #: \_\_\_\_\_ Manual #: \_\_\_\_\_

Type of business: \_\_\_\_\_ Years in business: \_\_\_\_\_

State incorporated in: \_\_\_\_\_

### Partners/Corporate Officers

Name	Title	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Bank Reference

Name	Account #	Contact/Phone
_____	_____	_____

### Current Trade References

Name	Contact	Phone/Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that this information is true and correct. I authorize the release of any information for the sole purpose of opening a credit account.

Authorizing signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_