



CREDIT APPLICATION FOR NEW BUSINESS ACCOUNT

Please complete the form below and fax to 888.519.2295 or email: sales@osnovation.com

BUSINESS CONTACT INFORMATION

Company name:

Contact name:

Title:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Incorporation State:

Sole proprietorship:

Partnership:

Corporation:

Other:

EIN

State #

DUNS

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 1.5% per month thereafter. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize OSNovative Systems, Inc. to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURE			
		Title:	
Date:			
Phone:		E-mail:	