



Application for Credit

Company Name _____

Trade References

1. Company Name _____
Address _____ City _____ State _____ Zip _____
Phone No (____) _____ - _____ Fax No (____) _____ - _____ Contact Name _____

2. Company Name _____
Address _____ City _____ State _____ Zip _____
Phone No (____) _____ - _____ Fax No (____) _____ - _____ Contact Name _____

3. Company Name _____
Address _____ City _____ State _____ Zip _____
Phone No (____) _____ - _____ Fax No (____) _____ - _____ Contact Name _____

Banking Reference

Bank Name _____
Address _____ City _____ State _____ Zip _____
Phone No (____) _____ - _____ Fax No. (____) _____ - _____
Account Officer _____ Account Number _____

Customer Signature _____ Title _____ Date _____

Please email or fax to Christa Vawryk at: accounting@ivsonline.com or 813-438-5945.

All the information requested on this application is true to the best of my knowledge, I (we) consent to have IVS, Inc. contact the Trade or Bank references listed above. I understand that invoices are payable 30 days following the date of the.

Credit Manager Signature _____ Approved Line of Credit _____ Date _____



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