



Application for Credit

General Information

Company Name _____
 Address _____ City _____
 State _____ Zip Code _____
 Main Phone Number _____ Main Fax Number _____
 Purchasing Contact _____ Purchasing Contact Phone # _____
 A/P Contact _____ A/P Phone # _____
 Website: _____ A/P Contact Email Address _____
 Years In Business _____ Main Line of Business _____

D&B Number _____ Tax Exempt Yes No (Exempt Certificate Enclosed)

If you have a D&B # please skip Trade & Bank Reference(s) and go to the Signature section.

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 _____

Signature

Customer Signature _____ Title _____ Date _____

Please email or fax to Jill Fetzner at: jfetzner@ivsonline.com or 603.635.3028

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 invoice and a service charge equal to the lesser of five percent (5%) or the maximum rate permitted by governing law shall apply to all past due invoices.

Credit Manager Signature _____ Approved Line of Credit _____ Date _____