



INOVA STAFFING

Client Credit Application

Company: _____

Address: _____

Phone: _____ Fax: _____ EIN #: _____

Email Address: _____ 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	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

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