



CREDIT APPLICATION

Company Name: _____ Date: _____

Phone: (____) _____ ext. _____ Fax: (____) _____

If you have multiple "ship to" locations, please attach a list of these additional locations, along with their corresponding resale certificate numbers.

SHIP TO: _____ **BILL TO:** (if billing address differs from shipping address) _____
Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

SALES TAX EXEMPT NUMBER: _____
(We are required to collect state sales tax for buyers unless we are provided with an exemption certificate.)

We operate in: County: _____ City: _____ State: _____

We have been established for ____ years. Our legal entity is: Corporation LLC Partnership Sole-Proprietorship Individual

Primary Principal Name: _____ Title: _____

Address: _____ City: _____ State: _____

CREDIT REFERENCES

Company Name: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ ext. _____ Fax: (____) _____

High Credit Limit: \$ _____ Date Account Opened: _____

Company Name: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ ext. _____ Fax: (____) _____

High Credit Limit: \$ _____ Date Account Opened: _____

Company Name: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ ext. _____ Fax: (____) _____

High Credit Limit: \$ _____ Date Account Opened: _____

Banking Institution: _____ Contact Person: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ ext. _____

Type of Account (check all that apply): Checking Savings Loan

Account Numbers: _____

PAYMENT TERMS

The signing of this application authorizes Inovo, Inc. dba CHAD Therapeutics to perform the necessary credit investigation on the above company or individuals (collectively referred to hereinafter as "buyer"). Buyer authorizes the above referenced to release information necessary for Inovo to make an informed credit decision. Inovo is authorized to make all inquiries deemed necessary to determine buyer's creditworthiness. Inovo is authorized to answer questions about Inovo's credit experience with buyer, and share this information with other institutions to secure financing. The undersigned individual (buyer), who is either a principal or the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the buyer by the above-named business credit grantor, from time to time as may be needed, in the credit evaluation process. The information contained herein is submitted by buyer for the purpose of obtaining credit. Buyer expressly agrees to make payment in full to Inovo for the purchases in accordance with all invoice(s). Should buyer default in any such payment buyer expressly agrees to pay a late charge on any amounts in default at the maximum rate permitted by law, and, at Inovo's option, all amounts owed Inovo by buyer shall become immediately due and payable. Buyer further agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by Inovo in the collection of any obligations of buyer pursuant hereto. This agreement shall become effective when the application is signed by buyer. Lines of credit will be extended to firms showing a favorable TRW rating or to those firms that furnish a bank reference and three trade references, which provide favorable credit information. If we cannot establish a favorable credit determination, our terms require credit card payment, cash on delivery (COD) or check before shipment.

Signature: _____ Title: _____ Date: _____

(Must be signed by the Primary Principal/Officer identified above)