



COMPANY INFORMATION (must be filled out for all new customers)

Company Name:
Billing Address:
City, State, Zip:
Tax Exempt Status:
Accounting Contact:
Accounting email:
Nature of Business:
Business Type: Corporation / Partnership / Proprietorship
Main Phone #:
Fax:
Acct. Phone #:
Year Founded:
Federal EIN or SSN:

CREDIT INFORMATION (if applying for terms)

Company Name:
Street Address:
City, State, Zip
Phone:
Fax:
Company Name:
Street Address:
City, State, Zip
Phone:
Fax:
Company Name:
Street Address:
City, State, Zip
Phone:
Fax:

BANK INFORMATION (if applying for terms)

Bank Name:
Account #:
Phone #:
Contact Name:

Credit Terms: If approved, applicant agrees to standard payment terms of 1% 10 Net 30 . Accounts past due are subject to cancellation of open terms. Delinquent invoices may be subject to a service charge rate of 1-1/2% per month commencing from and after the due date. If it becomes necessary to place the account for collection with an agency or attorney, applicant agrees to reimburse Upside Innovations, LLC for all fees and costs associated with collecting the delinquent account.

I/we understand the policies, terms of sale and payment terms and agree to issue our purchase order accordingly. I/we authorize Upside Innovations, it's employees and/or designated agents to conduct a credit check into my business and/or corporation, to obtain a business credit and/or consumer credit report and to use this information to determine and appropriate line of credit for the requested account. I/we also acknowledge an obligation to pay for all debts incurred as they come due in the normal course of business, both personal and corporate. I/we also authorize the above trade and bank references to release information to Upside Innovations for the purpose of it's credit investigation and the establishment of and account with the company.

Signature Title Date