



2313 Roosevelt Drive Ste C, Arlington, TX 76016

Tel: 817-303-1994

orders@innovasleep.com

## New Account Form

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

DBA: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Stores: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (for invoicing purposes):

Billing Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Same as Billing Address: \_\_\_\_\_

(if more than 1, request page A)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Phone Number: \_\_\_\_\_

Do you need a liftgate for deliveries at this location? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Preferred Payment Method: Credit Card Check Terms

If authorizing credit card for payment,

Name as it appears on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVC: \_\_\_\_\_

I, the undersigned, am an owner and/or principal of the business entity "Customer", which desires to transact business with and obtain product from Innova Sleep Systems, Inc. ("Innova"). I certify that all the above information is correct and true. I further certify that if any property so purchased tax-free is used or consumed by the Customer as to make it subject to a Sales or Use Tax that we will pay the tax due directly to the proper taxing authority. I fully accept that in selling the products purchased from Innova, the Customer will abide by their MAP pricing policies. Furthermore, if I have provided a credit card, Innova may charge the card for Customer's open invoices unless I made my objections known by replying to orders@innovasleep.com within 24 hours of when Innova issues the invoice. I hereby agree to be unconditionally liable for, and personally guarantee the performance and payment of, all amounts due and owing on all purchases from Innova, including reimbursement of all collections expenses and attorney's fees and costs. The undersigned specifically understand and agrees to the provisions stated above and agrees to submit and consent to the laws and jurisdiction of the State of Texas for any action whatsoever arising out of this agreement.

Signature

Printed Name

Title

Date

Please return this form by email (orders@innovasleep.com) or fax (1-817-303-2690) and include a copy of your seller's permit or your sales tax certificate of registration for all states in which you conduct business.

We look forward to doing business with you!