



**INNOVATE
PRODUCT
INC.**

961 Washington Street
San Carlos, CA 94070
Bus: 650-637-1148
Fax: 650-595-4090
email: innovateproduct@gmail.com
www.innovateproduct.com

Credit Application

Business Information

Full Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone: _____ 2nd Phone: _____ Fax: _____

Type of Business: _____ Year Established: _____ State: _____

Organization (circle only): Corporation Partnership Sole Proprietorship

Owners/Partners: _____ A/P Contact: _____ TAX ID: _____

Resale? yes no (if yes, please fill out California Resale Certificate)

Bank Information

Bank Name: _____ Branch: _____

Address: _____

Phone: _____ Fax: _____

Trade References

Company Name: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Account# _____

Company Name: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Account# _____

Company Name: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Account# _____

Credit Policies: Our term is NET 30, a finance charge of 18% per annual will be charged on over due invoices.

I hereby authorize Innovate Product Inc. to obtain credit rating on me and on my business. Furthermore, I have been instructed and informed of the credit policies and will abide by said policies.

Signature: _____ Title: _____ Date: _____