



Indian Valley Innovation, Inc.

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CREDIT APPLICATION

For purposes of including IVI to sell merchandise on credit to the Applicant named below, and intending and understanding that IVI will rely on such information when extending credit, the Applicant submits this credit application and warrants that all information contained in this credit application is true and correct.

APPLICANT

Company Name: _____

Billing Address:

Street or PO Box No.: _____ City: _____

State: _____ Zip Code: _____

Street Address (if different from Billing Address):

Street: _____ City: _____

State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

E-mail Address: _____ Web Site: _____

Federal ID No.: _____

Business Structure : Sole Proprietorship Partner Corporation/LLC

Please fill out the applicable section below (Sole Proprietorship, Partnership, Corporation/LLC).

Sole Proprietorship

Name of Owner: _____ Social Security No.: _____

Residence Address

Street: _____ City: _____

State: _____ Zip Code: _____

Credit Card: Visa MC American Express

Credit Card No.: _____

Driver's License No.: _____ State: _____

Spouse's Name: _____ Social Security No.: _____

Partnership

Please list each partner who has a limited or general financial interest:

Name 1: _____ Social Security No.: _____
Residence Address:
Street: _____ City: _____
State: _____ Zip Code: _____
Residence Phone No: _____
Driver's License No.: _____ State: _____

Name 2: _____ Social Security No.: _____
Residence Address:
Street: _____ City: _____
State: _____ Zip Code: _____
Residence Phone No: _____
Driver's License No.: _____ State: _____

Name 3: _____ Social Security No.: _____
Street: _____ City: _____
State: _____ Zip Code: _____
Residence Phone No: _____
Driver's License No.: _____ State: _____

Have any of the partners ever been involved in bankruptcy proceedings? Yes No

Corporation/LLC

Please list all corporate officers:

Name 1 _____ Social Security No.: _____
Residence Address:
Street: _____ City: _____
State: _____ Zip Code: _____
Residence Phone No: _____
Driver's License No.: _____ State: _____

Name 2: _____ Social Security No.: _____
Residence Address:
Street: _____ City: _____
State: _____ Zip Code: _____
Residence Phone No: _____
Driver's License No.: _____ State: _____

Name 3 _____ Social Security No.: _____
Street: _____ City: _____
State: _____ Zip Code: _____
Residence Phone No: _____
Driver's License No.: _____ State: _____

Have any of the partners ever been involved in bankruptcy proceedings? Yes No

BANK REFERENCES

Bank Name 1: _____ Phone No.: _____
Branch Address:
Street: _____ City: _____
State: _____ Zip Code: _____
Contact Name: _____ Phone No.: _____
Bank Name 1: _____ Phone No.: _____
Branch Address:
Street: _____ City: _____
State: _____ Zip Code: _____
Contact Name: _____ Phone No.: _____

TRADE REFERENCES

Please list major suppliers with whom you have an account:

Company Name 1: _____
Address:
Street: _____ City: _____
State: _____ Zip Code: _____
Phone No.: _____ Fax No.: _____
Contact Name: _____

Company Name 1: _____
Address:
Street: _____ City: _____
State: _____ Zip Code: _____
Phone No.: _____ Fax No.: _____
Contact Name: _____

