

Provac Sales, Inc.

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CREDIT APPLICATION FOR NEW ACCOUNTS

All Accounts Are Subject To Net 30 Terms

Business Name: _____
Billing Address: _____
City: _____ State: _____ Postal Code: _____
Telephone: _____ Facsimile: _____
Description of Business: _____
Officers/Partners _____
Start Date of Business: _____ Form of Business Corporation
(Please Check One) Partnership
 Individual
Time At Present Location : _____
Annual Sales: _____
No. of Employees: _____

BANK REFERENCE

Bank Name: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Telephone: _____ Facsimile: _____
Account Number: _____

THREE (3) TRADE REFERENCES

Name: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Telephone: _____ Facsimile: _____
Account Number: _____
(if available)

Name: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Telephone: _____ Facsimile: _____
Account Number: _____
(if available)

Name: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Telephone: _____ Facsimile: _____
Account Number: _____
(if available)