



3131 SOQUEL DRIVE
SOQUEL, CA 95073
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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:

Email:

Description of Business:

Officers/Partners:

Start Date of Business:

Time at Present Location:

Annual Sales:

No. of Employees:

Form of Business ☐ Corporation
(please check one) ☐ Partnership
 ☐ Individual

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:

Email:

Account Number (if available):

Name:

Address:

City:

State:

Postal Code:

Telephone:

Facsimile:

Email:

Account Number (if available):

Name:

Address:

City:

State:

Postal Code:

Telephone:

Facsimile:

Email:

Account Number (if available):