

## 2511 Inter Ave | Puyallup, WA 98372 | (888) 565-5665 | www.pro-vac.com

## **CREDIT APPLICATION**

Fax:	Attention:		Pro-Vac Rep:		
Legal Business Name:					
Business Address:		City:	State:	Zip:	
Shipping Address:		City:	State:	Zip:	
Business Telephone:	Fax	K:	Cell:		
Billing Email:		Federal Tax ID#:			
Contractor License #:		State Tax #:			
Type of Business:	How Lo	ng in Business?	A/P Contact	:	
Resale? ☐ Yes ☐ No	If Yes, please attach	a copy of your reseller's	permit.		
PARTNER OR PROPRIETORSHIP: Owner/Partner Name  1  2			Home Address % Owned		
CORPORATION/LLC: Principal's Title Name		% Owned	Home Address		
PRINCIPAL SUPPLIERS Name 1	Address		Phone #	F:	ax #
2					
3.					
Does company own real pro					
Does individual own real pro					
BANKING INFORMATION Name of bank:	N:		Contact:		
Address:		Phone:			

## **PURCHASE AGREEMENT**

I (We) promise to pay each invoice in full within (30) days of the date of invoice, or as specified in terms and conditions of a separate written contract. If, however, this account is not paid as agreed, a delinquency charge shall be computed at the rate of 18% per annum on the unpaid balance or at the highest rate of interested allowed by applicable law, for loans or forbearance of money, whichever is less; provided, said charge shall be computed at a rate not less than 12% per annum. We agree to give written notice to **Pro-Vac** prior to the sale or transfer of all or substantially all of the stock or assets of our business. If this account is place in the hands of a licensed collection agency, I (we) then agree to pay you an amount unpaid thereon, together with such reasonable attorney fees as may be incurred in connection with the collection. **Pro-Vac** may place venue in the Superior Court of King County, Washington and the prevailing party shall be awarded its taxable costs.

This agreement is governed by State of Washington law, without regard to conflict of laws.

This agreement is governed by State of Wasi	nington law, without regard to conflict of laws.		
knowledge. You are hereby authorized to cor	nation is true and correct to the best of my (our) ntact any or all of the above references regarding our d credit terms and policy as stated and agreed to.		
Ву:	Position:		
(signature)	(owner/partner/authorized corporate officer)		
	Date:		
(print name)			
PERSON	AL GUARNTEE		
personally guaranty(ies) the payment of all other amounts owing to <b>Pro-Vac</b> under this fail(s) to pay when due any balance or othe Application, the undersigned shall pay to <b>Pro-Vac</b> is entitled to recover from Applications.	o Applicant(s) the undersigned jointly and severally outstanding credit balances of Applicant(s) and all so Credit Application and Agreement. If Applicant(s) erwise default(s) on any obligation under this Credit b-Vac upon demand all damages, cost and expense oplicant(s) by reason of the failure to pay or other until Pro-Vac is notified by certified mail for future		
have jurisdiction of any legal proceeding: 1 amount owing under this Credit Application arises out of or relates in any way to the integrand Agreement, the extension of credit to Appro-Vac's sole discretion, venue of any succeptate courts located in Pierce County, Wainterpreted in accordance with the laws of the	te of Washington, including the federal courts, shall ) to collect an outstanding credit balance or other and Agreement or Personal Guaranty; or 2) which expretation or performance of their Credit Application pplicant(s) by <b>Pro-Vac</b> or the Personal Guaranty. At the legal proceeding shall be proper in the federal or ashington. The Agreement shall be construed and the State of Washington, without regard to its conflict of <b>Pro-Vac</b> to obtain a credit report on guarantor.		
Guarantor (signature)	Guarantor (signature)		
Print Name	Print Name		

SS#

SS#