



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: _____ Cell: _____

Billing Email: _____ Federal Tax ID#: _____

Contractor License #: _____ State Tax #: _____

Type of Business: _____ How Long in Business? _____ A/P Contact: _____

Resale? Yes No If Yes, please attach a copy of your reseller's permit.

PARTNER OR PROPRIETORSHIP:

Table with 5 columns: Owner/Partner Name, Social Security #, Home Address, % Owned. Rows 1 and 2.

CORPORATION/LLC:

Table with 4 columns: Principal's Title, Name, % Owned, Home Address. Rows 1, 2, 3.

PRINCIPAL SUPPLIERS:

Table with 4 columns: Name, Address, Phone #, Fax #. Rows 1, 2, 3.

Does company own real property? Yes No Approximate Value: _____

Address:: _____

Does individual own real property? Yes No Approximate Value: _____

Address:: _____

BANKING INFORMATION:

Name of bank: _____ Account #: _____ Contact: _____

Address: _____ Phone: _____

