



Remit To: P.O. BOX 146
Scottsboro, AL 35768
Phone: 256.259.0632
Fax: 256.259.0549
www.provetlogic.com

CUSTOMER CREDIT APPLICATION

INSTRUCTIONS: Please answer all questions listed below. Federal Tax I.D. Numbers are required information.

COMPANY NAME _____ TRADING AS _____

STREET ADDRESS _____ CITY _____

COUNTY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX _____

EMAIL ADDRESS _____ CONTACT _____

FEDERAL TAX ID NUMBER _____ STATE SALES TAX NUMBER _____

BUSINESS TYPE: Sole Proprietor Partnership Corporation

STATE OF INCORPORATION _____ HOW LONG IN BUSINESS _____

NAMES/ADDRESSES AND PHONE NUMBERS OF INDIVIDUALS. PARTNERS OR CORPORATE OFFICERS

Please provide at least four (3) trade references that we may contact.

NAME _____ ADDRESS _____ PHONE NUMBER _____

NAME _____ ADDRESS _____ PHONE NUMBER _____

NAME _____ ADDRESS _____ PHONE NUMBER _____

**Please complete and sign page 2 of this application.
ProVetLogic**

PAYMENT TERMS : Cash C.O.D. Terms / Net Days

Please provide the following information that will assist us in making the delivery.

DELIVER ADDRESS

CITY, STATE AND ZIP

RECEIVING CONTACT

PHONE NUMBER

(CIRCLE ONE) Fork Lift Pallet Jack Loading Dock None

HOURS OF RECEIVING

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize ProVetLogic to investigate the information listed pertaining to my/our credit and financial responsibility.

COMPANY NAME: _____

By:

Date:

By:

Date: