

# Credit Application



Preventive Care, Inc.  
15215 Boulder Trail  
Rosemount, MN 55068, USA

Tel: 651-322-9190 Fax: 651-322-9198

Company Name:		Phone #:
Address:		Fax:
		Federal ID #:
City:	Duns #:	
State:	Zip:	Date Business Founded:
A/P Contact:		State of Incorporation:

**OFFICERS**

*President:*

*Marketing:*

*Sales Management:*

**BANK REFERENCE**

*Name:* Phone #:

*Address:* Account Number(s):  
Contact Person:

**TRADE REFERENCES**

*Name:* Phone #:

*Address:* Fax:

*Name:* Phone #:

*Address:* Fax:

*Name:* Phone #:

*Address:* Fax:

I do hereby authorize release of credit information to Preventive Care, Inc. (PCI)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

**Amount of  
Credit Requested** \_\_\_\_\_

PLEASE NOTE: Preventive Care will make every effort to process your credit application as quickly as possible. Processing time is largely determined by how fast your bank and references respond. Please allow up to 30 days to complete your credit approval. Thanks!



We Glove You!!

*Come Visit Us at ....*

[www.PERFECTGLOVES.com](http://www.PERFECTGLOVES.com)

[www.preventivecareinc.com](http://www.preventivecareinc.com)

[www.xelawines.com](http://www.xelawines.com)