

Practice Details

Practice Name: _____

Practice Address: _____

NZBN: _____ Practice Phone: _____

Contact Name: _____

Provet Account Number: _____ Provett Branch: _____

Please debit my Provet PLUS account _____ Points

Reward Item _____

Credit:

- ☐ Provet Account (towards Provet account)
- ☐ CCG / AIRC / Covetrus Software Services / VetQuip
- ☐ EFT Deposit

For EFT Deposit, please complete the below:

- ☐ Business Account e.g. Pty Ltd, Trust

Bank details for EFT Deposit

Account Name: _____

BSB: _____ Account Number: _____

Email contact for account owner: _____

Relationship to Vet Clinic: _____

Authorised Signature (Director/Owner): _____ Date: _____

Please send your completed form via email or fax for processing:

F 02 9199 6599

E provetcadmin@provet.co.nz



A covetrus  Company