



3747 Hecktown Rd. Easton, PA 18045
610-250-2099 OR 800-451-2817
FAX 866-804-0616

INTERNAL USE

Territory Manager: _____
Date: _____

CUSTOMER APPLICATION/VETERINARIAN

INSTRUCTIONS: Please answer all questions listed below. Federal Tax I.D. numbers are required information. If a question does not pertain to your company, or you individually, please mark the answer 'N/A'. The customer has the obligation to notify Phillips Pet in writing as to any changes of the information supplied herein. Please read the important information listed on the bottom of this APPLICATION before signing.

Thank You,
Credit Department

COMPANY INFORMATION

COMPANY NAME _____ TRADING AS _____

STREET ADDRESS _____ PURCHASING CONTACT _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

ACCOUNTING E-MAIL ADDRESS _____ MARKETING E-MAIL ADDRESS _____

BILLING INFORMATION

Check box if same as above.

BILLING ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

ACCOUNTS PAYABLE CONTACT _____ ACCOUNTS PAYABLE PHONE NUMBER _____

TYPE OF BUSINESS (CIRCLE) CORPORATION (STATE OF _____) GENERAL PARTNERSHIP LIMITED PARTNERSHIP INDIVIDUAL

FEDERAL TAX I.D. NUMBER _____ *******(SALES TAX EXEMPT NUMBER (STATE FORM REQUIRED))*******

IF CORPORATION: REGISTERED AGENT / NAME _____ PHONE NUMBER _____

ADDRESS _____

BUSINESS INFORMATION

TYPE OF BUSINESS _____ DATE STARTED _____

ANNUAL SALES \$ _____ FORMER BUSINESS _____ LOCATION _____

LANDLORD OR MORTGAGE HOLDER _____

ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

COMPANY OWNERSHIP INFORMATION

Below please fill out the information regarding the ownership of your Company. If there are additional owners, please attach a separate sheet with a list of the additional owners. If Partnership, please include all general partners.

| | | |
|----------------|-----------------|------------------------|
| OWNER NAME | TITLE | SOCIAL SECURITY NUMBER |
| STREET ADDRESS | P.O. BOX NUMBER | PHONE NUMBER |
| CITY | STATE | ZIP |

TRADE REFERENCES

Please provide at least one (1) trade reference that we may contact. **Please include addresses and phone numbers.**

| | | | |
|------|---------|--------------|--------------|
| NAME | ADDRESS | ACCT. NUMBER | PHONE NUMBER |
|------|---------|--------------|--------------|

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Phillips Pet Food & Supplies, its assigns and successors as their interest may appear to investigate the information listed pertaining to my/our credit and financial responsibility.

The signature of the Applicant attests financial responsibility, ability and willingness to pay our invoices with the stated terms both for the Corporation and Individually. All invoices are due per the terms stated on the invoices. Any invoices not paid accordingly will be assessed a finance charge at the Phillips Pet Food & Supplies prevailing rate. In the event of default in payment applicant agrees to be responsible for all costs of collection, including reasonable attorney's fees.

Nonpayment or continued slow payment of product invoices or finance charges will be cause for cancellation of credit privileges. Termination of credit line will not effect in any way the obligation of customer to pay all accrued amounts due.

COMPANY NAME: _____

| | |
|-----------|-------------|
| By: _____ | Date: _____ |
| By: _____ | Date: _____ |