



» Account Application

Date: / /

New Customer
 New Ownership
 Address Change
 Additional Location

CUSTOMER INFORMATION

Name of Business:		Legal Business Name:	
Type of Business:		Federal Tax ID#:	
Shipping Address (Please specify 'Street Name'):			
City:	County:	State:	Zip:
Billing Address (if different):		Phone:	Fax:
City:	County:	State:	Zip:
Estimated Annual Sales:			
Web Address:			

CONTACT INFORMATION

Sole Proprietorship
 Partnership
 Corporation
 LLC
 Incorporation Date: / / State:

Owner Name:	Title:	Social Security:	
Mailing Address:	City:	State:	Zip:
Business Phone:	Cell Phone:	Email:	
Buying Contact:	* Phone:		
Email:	Web Password:		
Accounts Payable Contact:	Phone:		
Email:	Fax:		

* To access your account on petfoodexperts.com / Must be 10 characters or less

DELIVERY INFORMATION

Store Hours:	Delivery Phone:	Fax:
Comments/Directions:		

Does your store have a loading dock? Yes No
 Can a tractor trailer make deliveries to your location? Yes No
 Are you located in a residential area? Yes No
 Will this be a front or rear entrance delivery? Front Rear
 Will you be purchasing frozen products? Yes No

What are the top 3 brands you are looking to purchase?

***All fields must be completed for submission.**