



3747 Hecktown Rd. Easton, PA 18045

610-250-2099 OR 800-451-2817

FAX 866-804-0616

INTERNAL USE

Customer Number: _____ TM: _____ Date: _____

CUSTOMER APPLICATION

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 Food & Supplies 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.

COMPANY / BILLING INFORMATION

COMPANY NAME _____ TRADING AS _____

BILLING ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

ACCOUNTS PAYABLE CONTACT _____ ACCOUNTS PAYABLE PHONE NUMBER / FAX NUMBER _____

ACCOUNTS PAYABLE EMAIL ADDRESS _____ MARKETING EMAIL ADDRESS _____

TYPE OF BUSINESS: CORPORATION (STATE OF _____) PARTNERSHIP _____ INDIVIDUAL _____ LLC _____

IS COMPANY TAX EXEMPT? YES NO

IF YES, A VALID SALES TAX EXEMPT CERTIFICATE MUST ACCOMPANY THIS APPLICATION

IF NO, SIGNIFY AGREEMENT TO BE CHARGED SALES TAX BY SIGNING HERE: _____

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

IF CORPORATION: REGISTERED AGENT / NAME _____ PHONE NUMBER _____

ADDRESS _____

SHIP TO / DELIVERY INFORMATION (No residential deliveries allowed)

Check box if same as above or complete the following:

DELIVERY / SHIP TO ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

CONTACT NAME _____ CONTACT PHONE NUMBER / FAX NUMBER _____

PURCHASING EMAIL ADDRESS _____

Please complete and sign page 2 of this APPLICATION

BUSINESS INFORMATION

TYPE OF BUSINESS:

ECOMMERCE EXPORT NATIONAL CHAIN LOCAL BUSINESS FRANCHISE

DELIVERY TIME ZONE: EASTERN CENTRAL MOUNTAIN PACIFIC OTHER _____

ANNUAL SALES \$ _____ FORMER BUSINESS _____ LOCATION _____

DATE STARTED _____ SQUARE FOOTAGE OF STORE _____

WEBSITE ADDRESS _____ CAN CUSTOMERS ORDER ONLINE? YES NO

ARE ANY SECURITY AGREEMENTS AND / OR SECURITY INTERESTS CURRENTLY HELD AGAINST YOUR COMPANY? YES NO

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 _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

All application information presented is warranted to be true. I/We hereby authorize Phillips Feed Service, Inc., its assigns and successors (PFS) as their interest may appear to investigate my/our credit worthiness and financial responsibility.

The undersigned represents that he/she is the owner/managing member/financially responsible party who unconditionally & personally guarantees payment of all invoices within the stated terms both for the corporation and individually. All invoice(s) are due pursuant to the terms explicitly stated on the invoice(s) and in the event of default the undersigned agrees to pay all finance charges at the PFS' prevailing rate until the balance is paid in full, costs of collection and/or reasonable attorney's fees. Nonpayment or continued slow payment of invoices or finance charges will be cause, at the discretion of PFS, for the account's suspension resulting in termination of ordering privileges. Suspension/termination of ordering privileges will not in any way relieve the undersigned guarantor's obligation to pay all accrued amounts due.

PFS reserves the right to change the account's terms & conditions at its sole discretion. In the event the business is sold or legal ownership otherwise changes, the undersigned shall immediately inform PFS in writing and identify the successors contact information as well as all attorney's information prior to the change officially taking effect.

COMPANY NAME: _____

Print Name, SSN #, and Title: _____

Signature: _____

Date: _____