



APPLICATION FOR BUSINESS CREDIT

Bill To:

COMPANY NAME: _____ **BILLING CONTACT** _____

STREET ADDRESS: _____ **POBOX** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

SELECT ONE → → → PLEASE DELIVER INVOICES VIA: **E-MAIL** **FAX** **MAIL**

Ship To:

COMPANY NAME: _____ **ATTENTION** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

DESCRIPTION OF BUSINESS: _____

HOW LONG IN BUSINESS? _____ Years

DO YOU REQUIRE PURCHASE ORDER NUMBERS? **YES** **NO**

CUSTOMER TYPE **VET/SHELTER** **DISTRIBUTOR** **OTHER** _____

TERMS AND CONDITIONS

Applicant's signature attests financial responsibility of applicant's company, in addition to company's ability and willingness to pay for material supplied according to our credit terms which are net due in 30 days. Companion Animal Recovery, Inc. (herein referred to as CAR) reserves the right to charge late fees for invoices not paid according to these terms at the rate of 1% per month on the unpaid balance. CAR also reserves the right to limit or terminate credit if account is not paid according to these terms and conditions.

GENERAL PROVISIONS

This application and the information contained herein is a request for the extension of credit for commercial business use only. The applicant authorizes CAR to obtain a written or oral credit report from any credit reporting agency.

APPLICANT'S SIGNATURE

PRINTED NAME _____ **DATE** _____

TITLE _____

For Office Use:

Requested Credit Limit _____ Approved for: _____

Finance Approval _____ Date _____