



3747 Hecktown Rd. Easton, PA 18045
610-250-2099 OR 800-451-2817
FAX 610-515-2588

INTERNAL USE
Territory Manager: _____
Date: _____

CUSTOMER APPLICATION/ALL REGIONS

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

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 two (2) trade references that we may contact. **Please include addresses and phone numbers.**

NAME	ADDRESS	ACCT. NUMBER	PHONE NUMBER
NAME	ADDRESS	ACCT. NUMBER	PHONE NUMBER

BANK RELATIONSHIP INFORMATION

Please provide your Bank Relationship information.

NAME OF BANK	OFFICER TO CONTACT	PHONE NUMBER
ADDRESS	ACCOUNT NUMBER	
CITY	STATE	ZIP

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Phillips Feed & Pet Supply, 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 Feed & Pet Supply 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: _____