



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

Territory Manager: _____
Date: _____
PSG Code: _____

CUSTOMER APPLICATION/SOUTH EAST REGION

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'. This application is to be updated on an annual basis. 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 NAME TRADING AS

STREET ADDRESS PURCHASING CONTACT

CITY COUNTY STATE ZIP

PHONE NUMBER FAX NUMBER E-MAIL ADDRESS

*By supplying your email address, you will receive promotional emails from Phillips and a login and password to access our website.

BILLING ADDRESS

CITY 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

TYPE OF BUSINESS DATE STARTED

ANNUAL SALES \$ FORMER BUSINESS LOCATION

LANDLORD OR MORTGAGE HOLDER

ADDRESS PHONE NUMBER

CITY STATE ZIP

Please complete and sign page 2 of this APPLICATION
Phillips Feed & Pet Supply

CUSTOMER APPLICATION

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

Please provide at least four (4) trade references that we may contact. **Please include addresses and phone numbers.**

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

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 accessed 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: _____