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www.generalpet.com
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PURCHASE APPLICATION

DATE: _____

CUSTOMER # _____

BILLING ADDRESS: County _____ FAX# _____

Business Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

SHIPPING ADDRESS: County _____ FAX# _____

Business Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

Purchase Contact: _____ **Accounts Payable Contact:** _____

Federal Identification No: _____ **Resale Tax No:** _____

Business Hours: Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Business Property is: Owned Rented Land Contract

Business Status: Incorporated Sole Proprietorship Partnership LLC Other

Bank Name: _____ **Account No.** _____ **Phone:** _____

PRINCIPAL OWNER(S) INFORMATION:

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone: _____ Home Phone: _____

Social Security No. _____ Social Security No. _____

Cell Phone: _____ Cell Phone: _____

TRADE REFERENCES/CREDIT TERMS: (Suppliers now extending credit)

Name: _____	Credit Amount Requesting: _____ Credit Terms Requesting: _____
Contact Person: _____	
Phone: _____ Fax: _____	

Name _____	Name _____
Contact Person: _____	Contact Person: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

The applicant and its principal owner (s) grant permission to General Pet Supply to contact any and all credit reporting agencies, commercial credit reporting agencies, and any or all of the trade and bank references listed above, and the applicant hereby releases all such agencies and references to release credit information to General Pet Supply.

The individual signing below represents that he or she has the power and authority to execute this application and that all of the information contained in this application is true, correct and complete, and acknowledges that this information has been provided for the purpose of obtaining credit from General Pet Supply. The undersigned further acknowledges and agrees that any disputes regarding this credit application shall be governed by the laws of the State of Wisconsin, and that any disputes, claims, proceedings or lawsuits regarding this application shall be submitted to any court of competent jurisdiction in the State of Wisconsin.

Signature: _____ Date: _____

Personal Guaranty:

The undersigned guarantor acknowledges and agrees that General Pet Supply is under no obligation to first proceed against the applicant or any other party, or to exhaust any other remedies it may have, before proceeding against the undersigned guarantor. The liability of the undersigned guarantor will not be affected by the release of discharge of the applicant in bankruptcy, or by the limitation or modification of the applicant's obligations in bankruptcy, receivership, or any other debtor proceeding. If General Pet Supply is required to collect from the undersigned guarantor pursuant to this guaranty, the undersigned guarantor agrees to pay all attorney fees and other costs of collection incurred by General Pet Supply. The undersigned guarantor further acknowledges and agrees that any disputes regarding this guaranty shall be governed by the laws of the State of Wisconsin, and that any disputes, claims, proceedings or lawsuits regarding this guaranty shall be submitted to any court of competent jurisdiction in the State of Wisconsin.

Signature: _____ Date: _____

Office Use Only: COST CENTER _____ Sales Type _____ Sales Rep _____ Max Tch Lvl _____ SO Taxable _____ Notes _____
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UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: GENERAL PET SUPPLY

Address: 7711 N 81ST ST., MILWAUKEE, WI 53223

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2–4)

Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: PET FOOD AND SUPPLIES

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹		MO ¹⁶	
AR		NE ¹⁷	
AZ ²		NV	
CA ³		NJ	
CO ⁴		NM ^{4,18}	
CT ⁵		NC ¹⁹	
DC ⁶		ND	
FL ⁷		OH ²⁰	
GA ⁸		OK ²¹	
HI ^{4,9}		PA ²²	
ID		RI ²³	
IL ^{4,10}		SC	
IA		SD ²⁴	
KS		TN	
KY ¹¹		TX ²⁵	
ME ¹²		UT	
MD ¹³		VT	
MI ¹⁴		WA ²⁶	
MN ¹⁵		WI ²⁷	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: _____

Date: _____

Approved _____



Date: _____

Dear Customer:

CARD HOLDER INFORMATION

Business Name: _____

Card Holder Name _____

Billing Address _____

City _____ State _____ Zip _____

Business Phone _____

Type of Card (circle) **MASTERCARD** **VISA** **DEBIT** **CREDIT**

Card Number: _____ - _____ - _____

Type of Credit Card (circle one) **AMEX**

Credit Card Number: _____

Expiration Date: _____ / _____ **CVV2/CVC2** (see fig.1) _____

Authorized Card Holder Signature: **X** _____

WE IMPOSE A SURCHARGE ON CREDIT CARDS THAT IS NOT GREATER THAN OUR COST OF ACCEPTANCE

FOR OFFICE USE ONLY

RP _____ **KL** _____ **MV** _____ **CC** _____ **SH** _____ **BB** _____ **OTHER** _____

BILLING TYPE: **DAILY** **WEEKLY** **MONTHLY** **ONE TIME CHARGE**

ADDITIONAL INFO: **UPDATING CARD FILE** **NEW ACCOUNT**

BRANCH: **EXPET** **GPS**

CUSTOMER # _____ **AMOUNT \$** _____

PAY DETAIL _____