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E: Brett@edibleanimaltreats.com

WHOLESALE SIGN UP

Please attach sales license or any other documents and email to <u>sales@edibleanimaltreats.com</u>, thank you so much!

Company Principle Responsible for Transactions. Name and Address of Business.

| First: | | Title: | |
|---|-----------------------------|-------------------------------------|--------------------------|
| Last: | | Cell Number (optional): | |
| Work Phone Number: | | Email (required for account setup): | |
| Name of Business: | | Business Phone Number: | |
| Business Shipping Address: | | | |
| Business Websites: | | | |
| City: | State: | | Zip: |
| Company Information. | • | | |
| In Business Since: FEIN#/Sal | | | |
| Parent Company if Different Than Above: | | | |
| Type of Business: Retail Pet Chain□ Retail Pet Private □ General Re | rtail Chain ⊠ Ge | neral Retail Private 🗆 | Vet/Clinic/Other □ |
| Credit Line Requested: | Credit Terms Rec | quested: Net | -30□ Net-60□ Net-90□ CC□ |
| Credit Card Number: | Exp. Date: | | |
| Security Code: | CC Authorization Signature: | | |
| | | | |

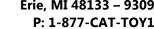




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Company Name:





Company Name:

WHOLESALE CREDIT REFERENCES

This form is not needed if you plan on paying with a credit card

Open Account/Trade Credit References - At least two or please supply company forms.

Company Name:

| Contact Name: | Contact Name: | Contact Name: |
|----------------------------------|--|--|
| | | |
| Address: | Address: | Address: |
| | | |
| Phone: | Phone: | Phone: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |
| \$ | \$ | \$ |
| used to determine the amount and | d the conditions of the credit to be extended. Furty y information to the company for which credit is l | nformation has been furnished with the understanding that it is the thermore, I hereby authorize the financial institutions listed in the being applied for in order to verify the information contained |
| | | |



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