



RETAIL DEALER APPLICATION for Credit Terms

All information will be kept in strict confidence and used only by digPETS. THIS APPLICATION CAN BE REJECTED DUE TO INCOMPLETE ANSWERS TO THE FOLLOWING QUESTIONS. Allow 2 business days for processing time.

Full Company Name _____ DBA _____

Bill To _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____ e-mail _____

Ship To _____

How long in Business? _____ How Long at Current Address? _____

Form of Organization (Check One): [] Proprietorship [] Partnership [] Corporation []

Principals of Firm: If a Corporation, Please Name the President and Vice President.

If a Proprietorship/Partnership, Please list ALL Partners.

President or Owner's Name: Social Security # _____

Name _____ Title _____ Home Phone _____

Owner's Home Address _____

Vice President or Partner Name, If Applicable: Social Security # _____

Name _____ Title _____ Home Phone _____

Home Address _____

Authorized Purchasing Agents:

Names & Titles _____

Are backorders accepted? ___ Yes / ___ No

If Yes, ship backorders: ___ immediate/ ___ hold to ship with next order

Credit Limit Sought \$ _____

Bank Reference:

Name _____ Acct. No. _____ Contact _____

Mailing Address _____

Phone # _____ Fax # _____

Trade References (Please Give Three Current Credit References with Complete Addresses and Fax Numbers):

1. Name _____ Acct. No. _____ Contact _____

Mailing Address _____

Phone # _____ Fax # _____

2. Name _____ Acct. No. _____ Contact _____

Mailing Address _____

Phone # _____ Fax # _____

3. Name _____ Acct. No. _____ Contact _____

Mailing Address _____

Phone # _____ Fax # _____

Confirmation of Information: Accuracy and Release of Authority to Verify

I hereby certify that the information in this Application for Open Account is correct. The information included in this Credit Application is for use by digPETS in determining the amount and conditions of credit to be extended. I understand that digPETS may also utilize the other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the Bank and Trade References listed in this Credit Application to release the information necessary to assist digPETS in establishing a line of credit. I promise to pay for each purchase within the assigned terms and abide by the published digPETS Terms and Conditions of Sale. For all accounts past due, I agree to 2% service charge on the unpaid monthly balance, which is an annual percentage rate of 24%. Default will occur if payment due is not received within sixty (60) days after the date of the invoice. I further assume responsibility for all purchasing agents and employees of the undersigned until written notice to the contrary is given.

Name _____ Title _____

On _____, _____ . By _____

Signature (Principal of Firm)

Send Payments to: digPETS
1862 Dr ML King Blvd.
West Palm Beach, FL 33404 USA

info@digPETS.com
Phone: 561.863.4251

**Fax completed application along with a copy of sales license to:
561-863-3277**