

## Ultra Paws® Resale Application – U.S. Accounts

|   |   |                         |       |
|---|---|-------------------------|-------|
| <b>Business Name</b>  |   |                         |       |
| <b>Federal Tax ID</b>   |   |                         |       |
| <b>Billing Address</b>  |   |                         |       |
| <b>Shipping Address</b>   |   |                         |       |
| <b>Ship Via</b>   | <input type="radio"/> Best Price and add to invoice   |                         |       |
| -   | <input type="radio"/> Bill to shipping account : _____ <input type="radio"/> UPS <input type="radio"/> FedEx <input type="radio"/> Speedee                            |                         |       |
|   | Customer supplies labels:    Yes    No  |                         |       |
| <b>Primary Contact:</b>   |   | <b>Billing Contact:</b> |       |
| Position  |   | Position                |       |
| Phone   |   | Phone                   |       |
| Email   |   | Email                   |       |
| Fax   |   | Fax                     |       |
| <b>Payment Terms</b>  | <input type="radio"/> Credit Card <input type="radio"/> Terms   |                         |       |
| - Credit Card #:  |   | Exp. Date:              | Code: |
| <b>Type of Business:</b>  | <input type="radio"/> Dealer – Single Store <input type="radio"/> Dealer – Multi-Store <input type="radio"/> Dealer – Internet Only <input type="radio"/> Distributor |                         |       |
| <b>Website URL(s)</b>   |   |                         |       |
| <b>Note about third party websites:</b> Ultra Paws® has authorized a limited number of customers to sell on third party websites. We are satisfied with the current exposure and are not authorizing any new customers. |   |                         |       |
| <b>Any special notes or instructions:</b>   |   |                         |       |
|   |   |                         |       |

By submitting this application, I certify I have read, understand, and will abide by Ultra Paws® Reseller Policy. I have the authority to apply on behalf of this business, and all the information in this application is true and correct.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

After completing, please save and email back to [Nanci@ultrapaws.com](mailto:Nanci@ultrapaws.com).  
 Questions? Please contact Nanci via email or phone at 218-454-2641.