

Ultra Paws Credit Application

Fax to: 218/855-6977 or email Nanci@ultrapaws.com

Customer Name:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	Email:
Corporation: Yes No	Partnership: Yes No	Proprietorship: Yes No
Principal(s):		
Year established:	Tax ID#:	Annual Revenues:
Est. annual order: \$	Credit line desired: \$	
Visa/MC/AE for Ultra Paws to retain on file:		
Name on card:		
Card Number:		
Expiration date:		
Please Provide Three Trade References:		
Name:		Contact:
Address:		
Telephone:		
Fax or Email:		
Credit line amount: \$		
How long have you been doing business with this company?		
Name:		
Address:		
Telephone:		
Fax or Email:		
Credit line amount: \$		
How long have you been doing business with this company?		
Name:		Contact:
Address:		
Telephone:		
Fax or Email:		
Credit line amount: \$		
How long have you been doing business with this company?		
Bank Reference:		
Name:		
Address:		
Telephone:	Fax:	
Checking Account #:		
Bank transit #:		
Above references are hereby authorized to release information to Ultra Paws DATE:	Officer's Signature:	Title: