

RETAIL DEALER APPLICATION for Credit Card Account

All information will be kept in strict confidence and used only by dig TO THE FOLLOWING QUESTIONS. Allow 2 business days for pro	ocessing time.		TO INCOMPLETE ANSWERS	
Full Company Name Bill To	DBAPhone	 Phone		
l To dress		Fax	Phone Fax	
AddressStateState	Zip Code	e-mail		
Ship To				
How long in Business? Form of Organization (Check One):[] Prop	How Long at C	Current Address?		
Principals of Firm: If a Corporation, Please I If a Proprietorship/Partne			ent.	
President or Owner's Name:				
Name Owner's Home Address	Title	Home Phone		
Owner's Home Address				
Vice President or Partner Name, If Applicable				
Name	Title	Home Phone_		
Authorized Purchasing Agents: Names & Titles				
Are purchase orders required? Yes /	_No Are	backorders accepted? _	Yes / No	
Credit Card Information:				
Primary Credit Card Type (Check One): []	VISA []	MASTERCARD []	AMEX	
Credit Card Number:	Ex	piration Date (MM/YY)	/	
Card Verification Number (Last 3 numbers or				
(Last 4 numbers o				
Card Holders Name (As printed on the card)				
Secondary Credit Card Type (Check One):	[] VISA	[] MASTERCARD	[] AMEX	
Credit Card Number:	Ex	piration Date (MM/YY)	/	
Card Verification Number (Last 3 numbers or	ification Number (Last 3 numbers on the back of the card)			
(Last 4 numbers of				
Card Holders Name (As printed on the card) Signature:				
I agree to have the total amount of the inv	oice hilled to	the above listed cred	lit card(s), abide by the	
published digPETS Terms and Condition accordance with the Card Issuer Agreeme	s of Sale an			
x	Primary (Card Holder		
x	Seconda	rv Card Holder		
Card on File: [] Check here to have digPETS' retain this c			nases.	
Do you need a digPETS Price Guide? [] Yes Fax completed application al	ong with a	copy of sales lice	nse to:	