

Credit Application

Items left incomplete will cause a delay in processing

Date: _____

Legal Business Name: _____

Mailing Address: _____

Street

City

State

Zip Code

Phone No.: _____

Fax No.: _____

Business Type: Sole Proprietorship

Partnership

Corporation

How Long in Operation? _____

What is the nature of your business? *

Pet Store

Noviety Shop

Feed Store

Breeder

Veterinarian

Web Based Business

Training

Other: _____

* Must be filled out in order to process application.

Partners, principal officers and/or stockholders

Name

Residence Address

Name

Residence Address

Credit References

1. _____

Name

Address

Phone Number

Fax Number

2. _____

Name

Address

Phone Number

Fax Number

Do you plan on keeping an inventory? _____

Which signs are best for your business? _____

Are you interested in "Drop Shipment"? _____

Terms of Credit and Sales:

By execution of this application, the applicant agrees that all sales on credit shall be on the following terms: (a) RCR Graphics reserves the right to accept or reject any order, and previously quoted prices may be changed without notice; (b) Payment due at time of shipment of products; (c) No merchandise shall be returned to RCR Graphics without authorization of an officer of RCR Graphics.

Applicant (or authorized partner or officer): _____