



Unit 160 – 2251 No. 5 Road
Richmond, BC
CANADA V6X 2S8

CREDIT APPLICATION Date _____

REGISTERED NAME _____
OPERATING NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL _____

MAILING ADDRESS _____

CITY _____ PROVINCE _____ POSTAL _____

PHONE (____) _____ FAX# (____) _____ HST# _____

Sole Proprietor _____ Partnership _____ Corporation _____

EMAIL ADDRESS _____ WEB ADDRESS [www.](#) _____

Select Method of Receiving Customer Statements: Mail _____ Fax _____ Email _____

Select Method of Receiving Specials : Mail _____ Fax _____ Email _____

NAMES AND TITLES OF OFFICERS/OWNERS & Bank Information

NAME _____ TITLE _____

HOME ADDRESS _____ PHONE (____) _____

CITY _____ PROVINCE _____ POSTAL _____

NAME _____ TITLE _____

HOME ADDRESS _____ PHONE (____) _____

CITY _____ PROVINCE _____ POSTAL _____

BANK _____ Transit# _____ ACCT No. _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL _____

CONTACT _____ TITLE _____ PHONE (____) _____

TRADE REFERENCE

NAME _____ PHONE () _____

ADDRESS _____ FAX () _____

NAME _____ PHONE () _____

ADDRESS _____ FAX () _____

NAME _____ PHONE () _____

ADDRESS _____ FAX () _____

Credit Limit Requested \$ _____ * New accounts are COD until credit is established

Please complete all pages of this application



**Unit 160 – 2251 No. 5 Road
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We are updating our files for those customers wishing to pay by credit card.

Your account will be debited the day of the order. (No cash discount will be used)

The only way that we can accept the use of credit card payment is by filling out this form.

**If you wish to add your credit card information to our files, please complete this form and fax it back to our office at 604-270-8013. We will confirm by phone immediately after receiving the fax.
(Charges may apply for credit card use)**

CREDIT CARD AUTHORIZATION

AUTHORIZATION

I, _____
(PLEASE PRINT)

Store Name/Company Name _____

Hereby authorize Coast to Coast PetCare Inc. to charge all product sales incurred in the above name to my credit card.

Do you require Payments By Invoice _____ OR Weekly _____

CREDIT CARD INFORMATION

VISA or Mastercard

Name as it appears on the card (PLEASE PRINT)

Credit Card Number

3 Digit# on back of card

Expiration Date

Phone: 604-270-8044

Fax: 604-270-8013

Email: jforseutt@Uniserve.com



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For valuable consideration, the undersigned (herein called “the Guarantors”) jointly and severally guarantee to Coast to Coast PetCare Inc. (Herein called “the Company”)

Company Name: _____ X

(Herein called “the Customer” whether incurred by the customer individually, jointly, or jointly with others.

AND we agree that the Company shall be at liberty to accept the Customer’s notes, and chattel mortgages, to renew the same or any part thereof, to compromise their liability to the Company and to exercise or relinquish other securities as the Company may think proper, without lessening or affecting the Company’s rights against us.

AND we agree that the Company shall not be bound to exhaust its recourse against the Customer or other persons or the securities of the Company may hold or not to value such securities before requiring or being entitled to payment from us.

THIS guarantee shall be a continuing guarantee and shall cover all liabilities, which the said Customer may incur before we or our executors or administrators shall have given the Company written notice to make no further advances on the security of this guarantee.

AND is agreed that this guarantee shall be valid notwithstanding any change or changes in the name of ownership of the Company or the Customer.

Dated at _____ This _____ Day of _____

1st WITNESS

GUARANTOR

Name

Name

Address

Address

Signature

Signature

Date _____

Date _____