



Coast to Coast PetCare Inc
 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#** (____) _____ **PST#** _____
EMAIL ADDRESS _____ **WEB ADDRESS** www. _____
SOLE PROPRIETOR _____ **PARTNERSHIP** _____ **CORPORATION** _____
 Select Method of Receiving Customer Statements: **Mail** _____ **Fax** _____ **Email** _____
 Select Method of Receiving Specials: **Mail** _____ **Fax** _____ **Email** _____

NAMES AND TITLES OF ALL THE OFFICERS/OWNERS & Bank Information

NAME _____ **TITLE** _____
HOME ADDRESS _____ **HOME PHONE** (____) _____
CITY _____ **PROVINCE** _____ **POSTAL** _____

NAME _____ **TITLE** _____
HOME ADDRESS _____ **Home 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**
Phone: 604-270-8044 **Fax: 604-270-8013** **Email: jforscutt@uniserve.com**



**Coast to Coast PetCare Inc
Unit 160 – 2251 No. 5 Road
Richmond, BC
CANADA V6X 2S8**

We are updating our files for those customers wishing to pay by credit card. Your account will be debited the day of the order, 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 then fax it & mail the original back to our office at 604-270-8013. We will confirm by phone immediately after receiving the fax.

This service must be renewed Yearly. (Charges may apply for credit card use)

CREDIT CARD AUTHORIZATION

AUTHORIZATION

I, _____ Company Name _____
(PLEASE PRINT)

Hereby authorize Coast to Coast Petcare Inc. to charge all product sales incurred in the above name to my credit card. Frequency By Invoice _____ or by Monthly Statement _____

Signature: _____

CREDIT CARD INFORMATION

VISA

Name as it appears on the card (PLEASE PRINT)

Credit Card Number

3 Digit# on back of card

Expiration Date

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: jforscutt@Uniserve.com

Coast to Coast PetCare Inc.

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

We agree that all products purchased remain the property of Coast to Coast Petcare Inc. until Coast to Coast Petcare Inc. receives complete payment for good shipped. _____
AND we agree that Coast to Coast Petcare Inc. may remove any unpaid product if Coast to Coast Petcare Inc. deems it to be in its best interest. _____

Signature _____

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

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.

Date at _____ This _____ Day of _____

1st WITNESS

GUARANTOR

Name & Address

Name & Address

Address

Address

Signature

Signature

Date _____