

CUSTOMER PROFILE



Wholesome Pet Distributing, Inc.
5857 N. Applecreek Rd.
Smithville, Oh. 44677
Phone (877)345-7297
Fax (330) 669-2485

Date ___/___/___

Business Name _____

DBA _____ For The Past _____ Years

Address _____
Street City State Zip Code

Shipping Address _____
Street City State Zip Code

Email _____ Phone # (_____) - _____ - _____

Alt. Phone # (_____) - _____ - _____ Fax # (_____) - _____ - _____

Hours of Operation: Mon: _____ Tues: _____ Wed. _____ Thurs: _____ Fri: _____

Delivery Method: (circle type) Hand unload Dock Forklift Truck Accessible: YES NO Residential: YES NO

Type of Business: (Circle type) Pet Retail Grooming Veterinary Health Foods Breeder Date Established ___/___/___

Do State, County, or City require a Vendor License? Yes No If yes, License # _____

Ownership: Sole Owner Partnership Corporation Federal Tax I.D. _____

Principal: _____
Name Title Social Sec # Drivers License #

Home Address: Street City State Zip Code

Principal: _____
Name Title Social Sec # Drivers License #

Home Address: Street City State Zip Code

Trade References: Name Address/Phone Name Suppliers of Major Products and Services Address/Phone

Bank References: Checking Loan Savings

1 _____
Name Address Act. # Contact

2 _____
Name Address Act. # Contact

Has the Firm or any of its Principals Ever been bankrupt? Yes No

If Yes, please explain: _____

Office Use: Account # / Price
Sales Rep: User Name: Password: Level:
Delivery Schedule- Run: Order Day: by Delivery Day:
Recv'd: APPROVED by: MAS: Web: E-Blast: S&T: