

HolisticPetSource

New Account Application

Holistic Pet Source Inc.
1414 Fort Negley Blvd.
Nashville, TN 37203
(p) 615-254-9721
(f) 615-254-9724
www.holisticpetsource.com

Business Name: _____ **DBA:** _____

Delivery Address		Mailing/Billing Address	
Address:		Address:	
City:	State & Zip:	City:	State & Zip:
Phone:	Fax:	Phone:	Fax:
Shopping Center:	Loading Dock?	Email:	Website:
Special Instructions:		Contact Name:	

Type of Business

Business Type: Corporation Partnership Sole Owner Nonprofit

Resale Cert. #: _____ Bus. License #: _____ Federal Tax ID: _____

Please check all that may apply: Full Line Feed Store Grocer Kennel
 Breeder Groomer Veterinarian Rescue Organization

Contact Information

Main Point of Contact: _____ Phone: _____ Email: _____
Billing Contact: _____ Phone: _____ Email: _____
Buyer Contact: _____ Phone: _____ Email: _____

Hours of Operation:	Open	Close
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		
Sunday:		

Do you have any special preferences or notes to add?

Ownership & Credit References

Owner 1: _____ Phone: _____ Email: _____ Drivers License #: _____
Owner 2: _____ Phone: _____ Email: _____ Drivers License #: _____
Bank Name: _____ Phone: _____ Address: _____ Bank Contact: _____

Has this company or any of its owners ever filed for bankruptcy? _____ If so, please explain: _____

I hereby authorize Holistic Pet Source Inc. to obtain my/our credit information for the purpose of confirming my/our credit worthiness and the good standing nature of my/our business. I/We understand that my/our terms are C.O.D. for HPS Delivery and Net 7 for Freight Delivery. I/We do hereby agree to be responsible for any and all debt incurred. I/We personally agree to pay all past due debt and agree to a 2% monthly interest fee on outstanding balances. If in default, I/we agree to absorb all costs associated with the collection and legal process. Nonpayment may lead to account cancellation, which will not affect my/our obligation to pay all accrued amounts due. I/We have read and understand HPS Policies.

Owner 1 Signature: _____ Date: _____

Owner 2 Signature: _____ Date: _____