



# Credit Application

Minimum wholesale order \$150.00.

Please complete this form and send to us:

By email      sales@fauxpet.com  
By fax        323-932-9094  
By mail      5900 Wilshire Blvd., Suite 412  
Los Angeles, CA 90036  
323-932-1898

## General Information:

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name of Parent Company (if subsidiary)  
\_\_\_\_\_

Type of Business \_\_\_\_\_

Year Established \_\_\_\_\_

Circle one:    Corporation    LLC    Partnership    Individual

## Owners/Officers:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

## Bank Information:

Bank Name \_\_\_\_\_

Phone \_\_\_\_\_

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

## Credit References:

Reference #1 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Reference #2 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Reference #3 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City, State Zip \_\_\_\_\_

Contact \_\_\_\_\_

City, State Zip \_\_\_\_\_

Contact \_\_\_\_\_

City, State Zip \_\_\_\_\_

Contact \_\_\_\_\_

I agree that the information on this application is true and complete and that FauxPet is authorized to obtain any additional information it considers necessary in connection with this credit application. The undersigned also agrees to pay late charges of 1 1/2% per month on all invoices over 30 days old. If the account has to be collected through a collection agency or an attorney, the undersigned agrees to pay for reasonable collections costs, attorney fees, and court costs. FauxPet reserves the right to hold an order and put the account on a C.O.D. basis if the account becomes past due.

Signature \_\_\_\_\_

Name Printed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_