



8005 Second Flag Drive
 Austell, GA 30168
 770.948.7600 or 800.394.3900 – Phone
 770.948.6699 or 800.503.9452 – Fax

New Account Application		Describe your business - check all that apply:																						
Business Name _____ DBA Name _____		<input type="checkbox"/> Aq. Maint. <input type="checkbox"/> Dog <input type="checkbox"/> Health Store <input type="checkbox"/> Aquatic <input type="checkbox"/> Full Line <input type="checkbox"/> Kennel <input type="checkbox"/> Bird <input type="checkbox"/> Feed Store <input type="checkbox"/> Reptile <input type="checkbox"/> Breeder <input type="checkbox"/> Grocer <input type="checkbox"/> Veterinarian <input type="checkbox"/> Cat <input type="checkbox"/> Groomer																						
Delivery Address: Loading Dock <input type="checkbox"/> Yes <input type="checkbox"/> No Shopping Center _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____		Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship																						
Mailing Address: Address _____ City _____ State _____ Zip _____																								
Tax and Licensing Information: Resale Cert. # _____ Bus. License # _____ Federal Tax ID # _____		Store Hours: <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Open</td> <td style="text-align: center;">Close</td> </tr> <tr> <td style="text-align: center;">Monday</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Tuesday</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Wednesday</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Thursday</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Friday</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Saturday</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>			Open	Close	Monday	_____	_____	Tuesday	_____	_____	Wednesday	_____	_____	Thursday	_____	_____	Friday	_____	_____	Saturday	_____	_____
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Contact Info: Manager: _____ Phone: _____ Alt. Phone: _____ Email: _____ Buyer: _____ Phone: _____ Alt. Phone: _____ Email: _____ Billing: _____ Phone: _____ Alt. Phone: _____ Email: _____																								
Communications Preferences: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black;"> Order Ack. <input type="checkbox"/> Email <input type="checkbox"/> Fax Email: _____ Fax: _____ </td> <td style="width:33%; border: 1px solid black;"> Invoice <input type="checkbox"/> W/ Delivery <input type="checkbox"/> Email <input type="checkbox"/> Fax Email: _____ Fax: _____ </td> <td style="width:33%; border: 1px solid black;"> Acct. Statement <input type="checkbox"/> Email <input type="checkbox"/> Fax Email: _____ Fax: _____ </td> </tr> </table>				Order Ack. <input type="checkbox"/> Email <input type="checkbox"/> Fax Email: _____ Fax: _____	Invoice <input type="checkbox"/> W/ Delivery <input type="checkbox"/> Email <input type="checkbox"/> Fax Email: _____ Fax: _____	Acct. Statement <input type="checkbox"/> Email <input type="checkbox"/> Fax Email: _____ Fax: _____																		
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***** Owner / Partner Information *****

Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____ Driver's License# _____	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____ Driver's License# _____
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Owner / Partner Signature

Owner / Partner Signature

Authorizes Southeast Pet to obtain credit information

****IMPORTANT****

Your application **CANNOT** be processed without a copy of your **State Resale Certificate** and your **Business / Occupational License**. Please fax your completed application and copies of your **State Resale Certificate** and your **Business / Occupational License** to 770.948.6699 or 800.503.9452.