



<b>Business Name:</b>	<b>Phone No:</b> _____	<b>Date:</b>
	<b>Fax No:</b> _____	
	<b>E-Mail:</b> _____	
<b>Bill to Address:</b>	<b>City:</b>	<b>State:</b>
		<b>Zip:</b>
<b>Ship To Address:</b>	<b>City:</b>	<b>State:</b>
		<b>Zip:</b>
<b>Proprietorship:</b> _____	<b>Partnership:</b> _____	<b>Federal Tax ID</b>
<b>Corporation :</b> _____	<b>Other :</b> _____	<b>#</b> _____

☐ Yes, I would like UPP to Fax me weekly with an order form and current promotional information    ☐ No, Don't Fax Me

<b>Type Of Business:</b>	<b>Cross Streets:</b>	<b>Receiving Hours:</b>	<b>Special Delivery Instructions:</b>

**Information of Owners, Partners or Principals**

<b>1. Name:</b>	<b>Social Security No:</b>	<b>Home Phone:</b>
<b>Home Address:</b>	<b>Driver's License:</b>	<b>Email Address:</b>
<b>2. Name:</b>	<b>Social Security No:</b>	<b>Home Phone:</b>
<b>Home Address:</b>	<b>Driver's License:</b>	<b>Email Address:</b>

<b>Bank Name:</b>	<b>Address:</b>	<b>Account No:</b>
1.		
2.		
<b>Trade Reference Name:</b>	<b>Address:</b>	<b>Phone No:</b>
1.		
2.		
3.		
<b>Financial Statement Enclosed:</b> _____	<b>Estimated Credit Requirement:</b> \$ _____	<b>Sales Representative:</b> _____
<b>Available Upon Request:</b> _____		

You will find the terms of sales stated on our invoices. Jurisdiction for the enforcement of any transactions made, pursuant to this credit application, shall be performed in the county of San Bernardino, State of California. All transactions taken place, pursuant to this credit application, shall be performed in the county of San Bernardino, State of California. The laws and decisions of the State of California shall govern all transactions taking place between the parties. Any over-due payments shall bear charges at the rate of eighteen (18%) percent per annum, except in no event shall the amount of the charges exceed the highest amount permitted by law. Should it be necessary for us to retain an attorney to enforce any of the transactions, which may arise between the parties pursuant hereto, the undersigned agrees to pay our attorney's fees and costs of collections. Invoices are payable at the offices of United Pacific Pet LLC.

**I hereby authorize United Pacific Pet to contact any and all of the above firms regarding our credit.**

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERSONAL LIABILITY AND GUARANTEE AGREEMENT**

In consideration of the extension of credit by United Pacific Pet, LLC, the undersigned agrees to the following:

I, \_\_\_\_\_, shall be fully liable for and shall unconditionally  
Print Owner's Name

Guarantee, when due all amount owing to United Pacific Pet, LLC on demand. That is a continuing agreement of liability and guarantee until revoked by United Pacific Pet, LLC. Guarantor shall without demand, pay United Pacific Pet, LLC reasonable attorney fees and all costs incurred by United Pacific Pet, LLC in collecting any indebtedness of debtor.

This guarantee is assignable with the obligation, which it guarantees.

Executed on: \_\_\_\_\_ 20 \_\_\_\_\_ At: \_\_\_\_\_

Business Name

\_\_\_\_\_  
Guarantor/Owner

\_\_\_\_\_  
Guarantor/Owner

**SELLER'S PERMIT**

Firm Name: \_\_\_\_\_

I hereby certify that I hold valid Seller's Permit No. \_\_\_\_\_ issued pursuant to the Sales and

Use Tax Law; that I am engaged in the Business of selling: \_\_\_\_\_

\_\_\_\_\_, that the tangible  
personal property described herein which I shall purchase from:

United Pacific Pet, LLC

will be resold by me in the form of tangible personal property: Provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: \_\_\_\_\_

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Name/Title: \_\_\_\_\_

**Name of Person who will place orders:** \_\_\_\_\_

**For Office Use Only**

Rep Q: \_\_\_\_\_ Rep 1: \_\_\_\_\_ Rep 2: \_\_\_\_\_ Rep 3: \_\_\_\_\_ Order Pending? \_\_\_\_\_

CCL: \_\_\_\_\_ CSCL: \_\_\_\_\_ IPL: \_\_\_\_\_ Route: \_\_\_\_\_ Stop: \_\_\_\_\_ Other: \_\_\_\_\_

Auth By: \_\_\_\_\_ Auth Date: \_\_\_\_\_ Exp Initial Order: \$ \_\_\_\_\_ Exp Init Order Date: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_ Terms: \_\_\_\_\_

Please allow 3 days from the date of authorization for account setup.



United Pacific Pet would like to offer our customers the opportunity to have their order charged to their credit card. Credit Card billings occur automatically on the date of order or delivery. **Only Visa and Mastercard is accepted.** Please complete the information below and mail or fax back to the credit card department. **Fax: (951) 360-8540 or (800) 830-3128.**

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Retail/Vet Name \_\_\_\_\_ UPP Customer #: \_\_\_\_\_

Card #: \_\_\_\_\_ (Visa or M/C) Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please contact the following person regarding credit card information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize United Pacific Pet to charge my invoices and/or orders to the above credit card number indicated.

Cardholder's Signature: \_\_\_\_\_

12060 Cabernet Drive \* Fontana \* CA 92337 \* (800) 979-3333 \* Fax (800) 830-3128