

FAUNA FOODS CORP

CUSTOMER APPLICATION

Account Manager
FFC Office Use

Customer #
FFC Office Use

TAX ID NUMBER or Owners Social Security #:
Please Print All Information

Store Hours: A.M. _____ P.M. _____

STORE INFORMATION:

Business Name _____ Incorporated? _____
(Full Name of legal entity through which business is conducted)

Doing business as _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Billing County _____ Shipping County _____

Store Phone _____ Store Fax _____

Cell Phone _____ **EMAIL** _____

Existing customer with new ownership or new location

For Emergencies Only	
Owner's Name _____	Phone _____
Home Address _____	State _____ Zip _____
Manager's Name _____	Phone _____

Business References and Information	
Vendor Name _____	Phone _____
Address _____	State _____ Zip _____
Home Address _____	Phone _____
Address _____	State _____ Zip _____

- I. ***Cash or Certified Check (All first delivery are cash or certified check on delivery. Future deliveries C.O.D. provided Bank Credit Inquiry completed "positive"; see page two for more details)**
- II. Sales Tax If YES, sales tax must be charged **NO REFUNDS FOR SALES TAX CHARGED**
 Yes No If NO, the attached resale Certificate (ST-120) must be completed
- III. Type of business
 26 Kennels/Breeder/Shelter 29 Feed/Farm/Garden 30 Pet Food Store/Grooming Shop 40 Vet
- IV. Bank Reference = See attached **If not provided customer will always pay cash or certified check**

In order to induce Fauna Foods Corp. to accept company checks of the above-named business entity in payment for shipments or to otherwise extend credit to such business, the undersigned hereby unconditionally and absolutely guarantees the payment of any such checks or extended credit, including all costs of collection of such amounts. This guarantee applies to checks of, or credit extended to, the above-named business entity or to any successor or affiliate thereof, including any unrelated entity controlled by the undersigned. This is a guarantee of payment rather than of collection. The undersigned has read and understands all the terms and conditions set forth on pages 1 and 2 of this application and attests that all information provided hereon is correct.

Original Application Must Be Signed By Owner and Returned to Fauna Foods Before 2nd Delivery	
Signature _____	Date _____
Print name _____	

Please Fax This Page to: (718) 458-3164

FAUNA FOODS CORP.

50-10 Kneeland Street Elmhurst, NY 11373 Phone: (718) 458-2900 Ext. 3006 Fax (718) 458-3164



CUSTOMER APPLICATION

Welcome to Fauna Foods!

Thank you for considering Fauna Foods as your pet supply distributor. We will do our best to offer you prompt and efficient service and look forward to a long and amicable relationship with you.

We would like to take this opportunity to mention a few things regarding our terms:

All new accounts are sold to on a cash or certified check basis only, (bank check, money order accepted). In order for payment to be by regular company check, this application must be filled in with the accompanying bank credit inquiry returned to Fauna Foods, directly by the bank and the approval process completed. This process takes approximately two (2) weeks. Clearing of your reference information does NOT imply or give "credit" with Fauna Foods; it simply allows the use of your regular business check as your payment for your orders. **ALL ORDERS ARE NORMALLY C.O.D.** The entire form must be completed and signed; if not, processing will be delayed.

If your check is returned to Fauna Foods due to insufficient or uncollected funds, your account will be charged a **\$45.00** fee and **PLACED ON CASH OR CERTIFIED CHECK BASIS FOR THREE (3) MONTHS**. All costs associated with collection of payment are at the expense of the customer, including collection agency costs, court costs, legal costs and interest on the unpaid balance at the maximum legal rate.

There is a **\$50.00** re-delivery/re-stocking charge for returned orders.



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)

Address

I certify that Name of Firm (Buyer) _____ is engaged as a registered

Street Address or P.O. Box No.

City State Zip

- () Wholesaler
- () Retailer
- () Manufacturer
- () Lessor
- () Other (specify)

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

City or State	State Registration or I.D. No.	City or State	State Registration or I.D. No.
_____	_____	_____	_____
City or State	State Registration or I.D. No.	City or State	State Registration Or I.D. No.
_____	_____	_____	_____
City or State	State Registration or I.D. No.	City or State	State Registration or I.D. No.
_____	_____	_____	_____

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature _____

(Owner, Partner or Corporate Officer)

Title

Date

FAUNA FOODS CORP

50-10 Kneeland Street Elmhurst, NY 11373 Phone: (718) 458-2900 Fax (718) 458-3142



Date: _____

BANK CREDIT INQUIRY

Bank Information

Name _____

Address _____ State _____ Zip _____

Phone _____ Fax _____

Contact Name _____

Bank Account # _____

Customer Information and Authorization

Business Name _____

Address _____ State _____ Zip _____

Phone _____

Principal's Name _____

I _____, an authorized signature on the above account request any bank to release information that they may have about my business and about their experience with my business to Fauna Foods Corp.

Signature

Date

Bank - Please Provide The Following:

Length of time doing business with customers _____

Usual working balance _____

Line of credit _____

Have there been instances of NSF checks _____

If Yes, what was the resolution _____

Additional comments: _____

Signature

Date

When Completed Please Fax This Bank Inquiry to:

Fauna Foods Corp.

Attention: Sales Department

Fax: (718) 458-3164

j.yavlonski@faunafoods.com

Thank you for your cooperation