



Zeigler's Distributor, Inc.

www.ZeiglersDist.com

27 Lebanon Valley Parkway
Lebanon, PA 17042
(717) 675-2210 (800) 282-9200

PROMISE TO PAY/CREDIT APPLICATION

Business Name: _____	Bank Name: _____
Billing Address: _____	Bank Address: _____
City: _____ State: ____ Zip Code: _____	City: _____ State: ____ Zip Code: _____
Phone #: _____ E-mail: _____	Phone #: _____ Bank Account #: _____

TRADE REFERENCES

NAME	ADDRESS	PHONE	FAX
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Undersigned Applicant for credit, in the event credit is extended by Zeigler's Distributor, Inc., and in consideration of the extension of credit, intending to be legally bound, agrees to the following terms and conditions.

- 1) The Undersigned agrees to pay all charges the day of receipt of merchandise. First purchase must be Cash, Certified Check, Money-Order, or Major Credit Card (Visa or Master Card). If applicant uses credit card for method of payment, Zeigler's Distributor is granted the permission to execute the transaction upon delivery of product.
- 2) In the event that the payment is not received by Zeigler's Distributor, Inc. within 30 days of receipt of the merchandise, Zeigler's Distributor, Inc. will charge, and the Undersigned agrees to pay a finance charge at the rate of one and one half percent (1.50) per month on the unpaid balance.
- 3) Zeigler's Distributor, Inc. may at its option, elect to refuse or discontinue to supply the Undersigned with any additional merchandise until the account is paid in full
- 4) In the event the account is unpaid for a period of 45 days or more from the date of delivery of the merchandise, the account will be turned over to an attorney for collection; and if Zeigler's Distributor, Inc. sued the Undersigned to collect any amounts owed and wins the suit, the Undersigned agrees to pay Zeigler's Distributor, Inc. actual court cost and reasonable attorney's fees as allowed by the law.
- 5) If the Applicant for credit is a corporation, the Undersigned individual agrees to be personally liable for and does guarantee payment of the corporation's indebtedness to Zeigler's Distributor, Inc.
- 6) These terms and conditions may not be changed, altered or modified unless in writing and signed by an authorized officer of Zeigler's Distributor, Inc.

Date: _____

Signature: _____

Print Name: _____

I understand by signing this Application I/We agree to the above terms and give permission to release Credit Information on our account.

Thank You,
Zeigler's Distributor, Inc.
Credit Department



Zeigler's Distributor, Inc.

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New Account Application			Describe your business—Check all that apply:		
Business Name _____			<input type="checkbox"/> Pet Specialty <input type="checkbox"/> Breeder <input type="checkbox"/> Doggie Daycare		
DBA Name _____			<input type="checkbox"/> Farm/Feed <input type="checkbox"/> Kennel <input type="checkbox"/> Dog Training		
Delivery Address: Loading Dock <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Groomer <input type="checkbox"/> Health Store <input type="checkbox"/> Brick & Mortar		
Shopping Center _____			<input type="checkbox"/> Veterinarian <input type="checkbox"/> Grocery <input type="checkbox"/> E-Commerce		
Address _____			<input type="checkbox"/> Cattery <input type="checkbox"/> Hardware <input type="checkbox"/> Franchise		
City _____ State _____ Zip _____			<input type="checkbox"/> Adoption/Rescue <input type="checkbox"/> Lawn/Garden <input type="checkbox"/> Other		
County _____ Phone _____ Fax _____			Business Type:		
Mailing Address:			<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		
Address _____			Owner / Partner Information:		
City _____ State _____ Zip _____			Name _____		
Tax and Licensing Information:			Address _____		
Sales Tax # _____			City _____ State _____ Zip _____		
Federal Tax ID # _____			Phone _____ Email _____		
Store Hours:			Driver's License # _____		
	Open	Close	Name _____		
Monday	_____	_____	Address _____		
Tuesday	_____	_____	City _____ State _____ Zip _____		
Wednesday	_____	_____	Phone _____ Email _____		
Thursday	_____	_____	Driver's License # _____		
Friday	_____	_____	Name _____		
Saturday	_____	_____	Address _____		
Contact Information:					
Manager: _____		Phone: _____		Alt Phone: _____ Email: _____	
Buyer: _____		Phone: _____		Alt Phone: _____ Email: _____	
Billing: _____		Phone: _____		Alt Phone: _____ Email: _____	
Communications Preferences: I would like to receive monthly promotions and announcements: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Order Acknowledgement: <input type="checkbox"/> Email <input type="checkbox"/> Fax		Invoice: <input type="checkbox"/> W/Delivery <input type="checkbox"/> Email <input type="checkbox"/> Fax		Statement: <input type="checkbox"/> W/Delivery <input type="checkbox"/> Email <input type="checkbox"/> Fax	
Email: _____		Email: _____		Email: _____	
Fax: _____		Fax: _____		Fax: _____	
Office Information: Sales Rep _____ Price Level _____ Terms _____ Delivery Day _____					

Owner/Partner Signature

Date

Owner/Partner Signature

Date

Authorizes Zeigler's Distributor Inc to obtain credit information

****IMPORTANT****

Your application **CANNOT** be processed without a copy of your **State Resale Certificate**. Please fax or email your completed application and copy of your **State Resale Certificate** to 717-675-2217 / info@zeiglersdist.com