



# QUICK & EASY ACCOUNT SET UP

(PAYMENT UPON RECEIPT BY CHECK OR ACH)

## CUSTOMER INFORMATION

Legal Business Name: \_\_\_\_\_

Trade Names, DBAs, Divisions or Subsidiaries: \_\_\_\_\_

Physical (Delivery) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_ Date Established: \_\_\_\_\_

Do You Have a Retail Storefront (Brick & Morter)?  No  Yes

Do You Sell Pet Products Online?  No  Yes, Website: \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

## CONTACT INFORMATION

Ordering Contact(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to receive order acknowledgements?  Fax  Email

Accounts Payable Contact(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to receive invoices? (in addition to printed):  Fax  Email

**Would you like to receive important email updates (promotions, events, etc.)?**  No  Yes, Email: \_\_\_\_\_

## DELIVERY INFORMATION

Store Hours: \_\_\_\_\_ Receiving Hours (if different): \_\_\_\_\_

Delivery Directions: \_\_\_\_\_

Is store semi-truck accessible for deliveries?  No  Yes

Special Delivery Requirements?  Pallet Jack  Hand Unload  Lift Gate  Other: \_\_\_\_\_

## BUSINESS INFORMATION

Federal Tax#: \_\_\_\_\_ **Sales Tax Exemption Certificate\*?:**  NO  YES (must include copy)

**\*We are required to collect state sales tax unless we are provided with a current exemption certificate.**

Sole Proprietorship  Partnership  Corporation  LLC Incorporation Date \_\_\_\_\_ State: \_\_\_\_\_

Owner/Partner/Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Partner/Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**The above information is for the purpose of opening an account with Animal Supply Co., LLC. Applicant signature(s) attest financial responsibility, ability and willingness to pay by check at time of delivery or by ACH (Automated Clearing House). Any returned check or ACH will be subject to a \$30, or maximum allowed by law, service charge.**

Legal Business Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you would like to apply for credit terms, please complete a credit application. You can download forms online at [animalsupply.com](http://animalsupply.com) or contact our Credit Department at 469.351.7940.*



## ACH (DEBIT) TRANSACTIONS

ACH (Automated Clearing House)

1. An ACH draft is processed similar to the way paper checks are processed, except the transaction is completely electronic and no paper check is required.
2. All bank fees for ACH transactions initiated by Animal Supply Co. are paid by Animal Supply Co. and there is no cost to you, our customer.
3. Animal Supply Co. will only include items that have been invoiced in the ACH draft.
4. A notice of draft is faxed or emailed to you the day prior to the ACH transaction. The notice includes the amount, the date of processing and a list of invoices/credit memos included in the ACH transaction.



# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

**ACH AUTHORIZATION:**

Name (As it appears on bank acct): \_\_\_\_\_

Company Name (include DBA, if any): \_\_\_\_\_

We hereby authorize Animal Supply Company, LLC hereinafter called Animal Supply Company, to initiate debit entries to our

Checking

or

Savings Account (select one)

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

**BANK:**

DEPOSITORY Name: \_\_\_\_\_ Branch, if applicable) \_\_\_\_\_

Transit/ABA# (Routing Number): \_\_\_\_\_ Account Number: \_\_\_\_\_

This authority is to remain in full force and effect until I (we) notify Animal Supply Company in writing using this notification by mail to A/R Manager C/O Animal Supply Company 600 E Las Colinas Suite 700, Irving TX 75039. I (we) understand that Animal Supply Company requires seven business (7) days prior to the proposed effective date of the requested change in order to process the new authorization form.

Print Names/Titles: \_\_\_\_\_ / \_\_\_\_\_  
(Must be Corporate Officer or Owner)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECK ONE:**

I am not currently participating in the Automated Payment Program.

**ADD** – Debit the account shown.

I am currently participating in the Automated Payment Program.

**CHANGE** – Change financial institutions and/or account number.

I am currently participating in the Automated Payment Program.

**REVOKE** – Prior ACH Debit prior authorization for financial institutions and/or account number.

Please attach a sample VOIDED CHECK here.  
[Voided check, deposit slip, or a letter from the financial institute required]