

# FAUNA FOODS CORP.

Route #

Customer CL

## CUSTOMER APPLICATION

Account Manager

Customer #

FFC Office Use

FFC Office Use

### 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.

The attached sales tax form should also be completed, otherwise it will be necessary to add tax to your bill.

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 and the approval process completed. This process takes approximately six (6) 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.

TAX IDENTIFICATION NUMBER or Owners Social Security	#:	Store Hours: A.M. _____ P.M. _____
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### STORE INFORMATION:

Business Name \_\_\_\_\_ Incorporated? Y/N \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

County/Town \_\_\_\_\_ EMAIL \_\_\_\_\_

Shipping Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ County \_\_\_\_\_

For emergencies only	
Owner's Name _____	Phone _____
Home Address _____	State _____ Zip _____
Manager's Name _____	Phone _____
Home Address _____	State _____ Zip _____

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

- I. Sales Tax  Yes  No  If YES, will be charge sales tax **No refunds for sales tax charged**  
If NO, the attached resale Certificate (ST-120) must be completed
- II. Type of business  26 Kennels/Breeder/Shelter  29Feed/Farm/Garden  30Pet Food Store/ Grooming Shop  40Vet
- III.  Cash or Certified Check
- IV. Bank Reference = See attached If not provided will always pay cash or certified check

In order to induce Fauna Foods Corp., to accept company checks in payment for shipments or to otherwise extend credit, 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 is a guarantee of payment rather than of collection. The undersigned attests that all information provided is correct.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

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

**Original Application Must Be Signed By Owner and Returned Before 2<sup>nd</sup> Delivery**



# Resale Certificate

Single-use certificate     Blanket certificate    Date issued \_\_\_\_\_  
Temporary vendors must issue a single-use certificate.

**Seller information - please type or print**

Seller's name Fauna Foods Corporation		
Address 50-10 Kneeland Street		
City Elmhurst	State NY	ZIP code 11373

**Purchaser information - please type or print**

I am engaged in the business of \_\_\_\_\_ and principally sell \_\_\_\_\_  
(Contractors may not use this certificate to purchase materials and supplies.)

**Part 1 - To be completed by registered New York State sales tax vendors**

I certify that I am:

- a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid Certificate of Authority Number is \_\_\_\_\_
- a New York State temporary vendor. My valid Certificate of Authority Number is \_\_\_\_\_ and expires on \_\_\_\_\_

I am purchasing:

- A  Tangible personal property (other than motor fuel or diesel motor fuel)
  - for resale in its present form or for resale as a physical component part of tangible personal property;
  - for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service, or
- B  A service for resale, including the servicing of tangible personal property held for sale.

**Part 2 - To be completed by non-New York State purchasers**

I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction \_\_\_\_\_ and have been issued the following registration number \_\_\_\_\_. (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write **not applicable** on the line requesting the registration number.)

I am purchasing:

- C  Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.
- D  Tangible personal property for resale that will be resold from a business located outside New York State.

**Part 3 - Certification**

I, the purchaser, understand that:

- I may not use this certificate to purchase items or services that are not for resale.
- If I purchase tangible personal property or services for resale, but I use or consume the tangible personal property or services myself in New York State, I must report and pay the unpaid tax directly to New York State.
- I will incur tax liabilities, in addition to penalty and interest, for any misuse of this certificate.

*Please type or print*

Purchaser's name as it appears on the sales tax registration		Name of owner, partner, or officer of corporation, authorizing the purchase	
Street address		Purchaser's signature	
City	State	ZIP code	Title

**Substantial penalties will result from misuse of this certificate.**

# FAUNA FOODS CORP.

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



## BANK CREDIT INQUIRY

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

### Bank Information:

Name \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact Office \_\_\_\_\_  
Bank Account # \_\_\_\_\_

### Customer Information and Authorization

Business Name \_\_\_\_\_ Corporate Name \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Owner'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  Yes  No

If Yes, what was the resolution \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Bank Officer

\_\_\_\_\_  
Date

When Completed Please Fax This Bank Inquiry to:

**Fauna Foods Corp.**

Attention: Accounting Department

(718) 458-3164

Thank You For Your Cooperation