



Vettec Dealer Application CUSTOMER INFORMATION FORM

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

In the United States:
Vettec Hoof Care Products
600 E. Hueneme Road
Oxnard, California 93033
USA

800/483-8832
Fax: 805/488-2266

Email: info@vettec.com

In Europe:
Zonnebaan 14
3542 EC Utrecht
The Netherlands

Tel: ++31-30-241 1823
Fax: ++31-30-241 0054

Email: vettec@duxbv.nl

NAME OF COMPANY		DATE
PHONE NUMBER	FAX NUMBER	
BILLING ADDRESS		
REGIONAL MANAGER (IF APPLICABLE)		
MAIN OFFICE	BRANCH STORE	OF
NUMBER OF WHOLESALE SHEETS REQ.	NUMBER OF RETAIL SHEETS REQ.	
NUMBER OF SALESMEN	NUMBER OF EMPLOYEES INSIDE	
WHAT GENERAL AREAS DO YOU COVER FROM THIS STORE?		
NAME OF MANAGER		
WHO TO CONTACT FOR PURCHASING	ACCOUNTS PAYABLE	RETURNS & CREDITS
MEMBER OF <input type="checkbox"/> A.F.A. <input type="checkbox"/> F.I.A. <input type="checkbox"/> OTHER	IF OTHER, PLEASE LIST	
ORIGINAL INVOICE SHOULD BE SENT TO		
DO YOU WISH INCOMING SHIPMENTS TO BE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, GIVE ANY GENERAL DETAILS SUCH AS DOLLAR LIMITS, AMOUNTS, WEIGHTS, ROUTING AND PREFERENCES. INCLUDE ANYTHING THAT WILL MAKE IT EASIER FOR YOU TO RECEIVE.		

I certify that the information provided on this form is true and correct

DATE	PRINTED NAME	SIGNATURE X
------	--------------	-----------------------



In the United States:
Vettec Hoof Care Products
600 E. Hueneme Road
Oxnard, California 93033
USA

800/483-8832
Fax: 805/488-2266

Email: info@vettec.com

In Europe:
Zonnebaan 14
3542 EC Utrecht
The Netherlands

Tel: ++31-30-241 1823
Fax: ++31-30-241 0054

Email: vettec@duxbv.nl

Vettec Dealer Application CREDIT REFERENCES

For the purposes of procuring and establishing credit from time to time, the undersigned Applicant furnishes the following information, including the attached Financial Statement. Applicant represents and warrants said information is true and correct and a true and complete statement of its financial condition.

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

APPLICANT NAME (FIRST, MIDDLE, LAST)

BANK NAME

BRANCH ADDRESS

CITY

STATE

ZIP

ACCOUNT NUMBER

TYPE OF ACCOUNT

BANK NAME

BRANCH ADDRESS

CITY

STATE

ZIP

ACCOUNT NUMBER

TYPE OF ACCOUNT

BANK NAME

BRANCH ADDRESS

CITY

STATE

ZIP

ACCOUNT NUMBER

TYPE OF ACCOUNT

INDUSTRY SUPPLIER NAME

AMOUNT DUE

CONTACT

PHONE NUMBER

ADDRESS

STATE

ZIP

INDUSTRY SUPPLIER NAME

AMOUNT DUE

CONTACT

PHONE NUMBER

ADDRESS

STATE

ZIP

INDUSTRY SUPPLIER NAME

AMOUNT DUE

CONTACT

PHONE NUMBER

ADDRESS

STATE

ZIP

BANKING INFO

PRINCIPAL INDUSTRY SUPPLIERS



Has Applicant or any of its Owners, Principals, Partners, Officers, or Directors ever filed a voluntary petition in bankruptcy, been adjudged bankrupt, or made an assignment for the benefit of creditors?

YES NO

IF YES, PLEASE EXPLAIN

Are taxes owed by applicant to any taxing authority current?

YES NO

Has a tax lien or civil suit been filed against Applicant or any of its Owners, Principals, Partners, Officers or Directors within the past six years?

YES NO

Is Applicant or any of its Owners, Principals, Partners, Officers or Directors a guarantor or endorser of debts or notes owed by others?

YES NO

Does Applicant now have a purchase order pending with us?

YES NO

If yes, what is the approximate amount of that order?

MISC FINANCIAL INFORMATION

I certify that the information provided on this form is true and correct

DATE	PRINTED NAME	SIGNATURE
		X