



K9 Bytes

Gifts for Pets & Pet Lovers

Credit Application
3003 W 11th Ave #251 • Eugene, OR 97402
541-636-0866 | 888-686-5559 | Fax 541-636-0866
shannon@k9bytes.com
www.k9bytesgifts.com

Legal Business Name: _____ DBA: _____

Contact Name: _____ Federal Tax ID: _____

Billing Address: _____ Shipping Address: _____

City: _____ ST _____ Zip _____ City: _____ ST _____ Zip _____

Phone: _____ FAX: _____

Email Address: _____ Website: _____

Business is a: Corporation LLC Partnership Proprietorship Terms Requested: Credit Card 30 Net Terms

Check one Principal Partner Proprietor

Name: _____ Social Security #: _____

Home Address: _____ Home Phone: _____

City: _____ ST _____ Zip _____ Cell Phone: _____

Bank Reference

Bank Name: _____ Contact Name: _____

Address: _____ Phone #: _____

City: _____ ST _____ Zip _____ Date Opened: _____

Type of Account: Checking _____ Savings _____ Loan _____

Trade References

1. Name: _____ Contact Name: _____

Address: _____ Phone: _____

City: _____ ST _____ Zip _____ Account #: _____

2. Name: _____ Contact Name: _____

Address: _____ Phone: _____

City: _____ ST _____ Zip _____ Account #: _____

3. Name: _____ Contact Name: _____

Address: _____ Phone: _____

City: _____ ST _____ Zip _____ Account #: _____

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Vendor obtaining information about you personally and the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this Application. If credit is extended, you agree to be bound by all of the terms and conditions on Vendor's invoices and posted on Vendor's website.

Signature _____ Date _____ Title _____