

**Northland Natural Pet**

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**New Account Form**

Customer Information		
Name of Business (DBA):		
Legal Business Name:		
Delivery Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:	Web address:	
State Sales Tax ID # (MN only)		
Estimated Annual Sales:	Date Established:	
Applicant/Owner Name:	Title:	
Store Manager Name:		
Buying Contact name:	email:	
Billing Address (if different):		
City:	State:	Zip:
Accounts Payable Contact name:	Phone:	
Accounts Payable email:	Fax:	
Business Type :	Number of Locations:	
Store Hours:		
Do you have a loading dock?	Front or Back door Delivery?	
Can a tractor trailer deliver to you?	Is this a residential delivery?	
Special Delivery instructions:		
Payment Method: Minneapolis/St. Paul Metro: (check one) <input type="checkbox"/> Company Check on Delivery <input type="checkbox"/> Credit Card Outside Mpls. /St. Paul Metro: (check one) <input type="checkbox"/> Check Draft <input type="checkbox"/> Credit Card		

**Check Draft Authorization (EFT)**

I, \_\_\_\_\_, of \_\_\_\_\_ (company) authorize Northland Natural Pet to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

<b>Name of Bank</b> _____	<b>Phone</b> _____
<b>Address</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>AccountNumber</b> _____	<b>RoutingNumber</b> _____
<b>Authorized Signature</b> _____	<b>Date</b> _____

Credit Card Number \_\_\_\_\_ Expires \_\_\_\_\_ CID \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address and Zip Code \_\_\_\_\_