

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.

Name of Bank _____	Phone _____
Address _____	City _____ State _____ Zip _____
AccountNumber _____	RoutingNumber _____
Authorized Signature _____	Date _____

Credit Card Number _____ Expires _____ CID _____

Name on card _____

Billing address and Zip Code _____