

Northland Natural Pet

Ph: 612-729-7748 • 800-706-0807 • Fax: 612-729-0822

Email: office@northlandnaturalpet.com**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) ☐ Company Check on Delivery ☐ Credit Card (Call with CC Info)		
Outside Mpls. /St. Paul Metro: (check one) ☐ Check Draft (Fill Out Info Below) ☐ Credit Card (Call with CC Info)		

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
Account Number	Routing Number
Authorized Signature	Date