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CREDIT APPLICATION

Store Name: _____

Legal Company Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Would you like to receive your invoice via email (circle one): Yes / No

Account Contact Name: _____ Phone (____) _____

Accounts Payable Contact: _____ Phone (____) _____

Owner's Name _____

Number of years in Business: _____ Number of years under current management: _____

Parent Company (if any): _____ **PST # (BC)** _____

I, _____, hereby authorize Pan Pacific Pet Limited to charge my credit card account for any invoices I owe.

VISA/MC: _____ **Expiry:** _____ **CVV:** _____

Name on Card: _____

PLEASE ENSURE THAT FUNDS ARE AVAILABLE ON YOUR CREDIT CARD WHEN YOU PLACE YOUR ORDER.
IF THE CREDIT CARD IS DECLINED YOU WILL BE ASKED TO PREPAY BEFORE SHIPMENT FOR FUTURE ORDERS.

Applicant's Signature: _____ Date

Print Name

Title

OFFICE USE ONLY

APPROVED BY: _____ Date: _____

Account #: _____