



**First Coast Pet Supply, Inc.**  
 4549 St. Augustine Rd., #22  
 Jacksonville, FL 32207  
 (904) 733-6400 (904) 733-6474 FAX  
[info@fcpet.com](mailto:info@fcpet.com)

# Customer Application

First Coast Pet Supply welcomes you as a new customer. Please complete all the areas and return via mail or fax.

## Business Information

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \*Sales Tax Exempt #: \_\_\_\_\_ \*Fish & Game License: \_\_\_\_\_  
 \* Copy Required  
 Business Operating Since: \_\_\_\_/\_\_\_\_/\_\_\_\_/ Owner(s): \_\_\_\_\_  
 Manager: \_\_\_\_\_ Person placing orders: \_\_\_\_\_  
 Store Hours: \_\_\_\_\_

## Banking Information

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

## Credit References

Please list 3 companies from which you currently purchase on a wholesale level

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Authorized Signatories

Name: _____	Name: _____
Home Address: _____	Home Address: _____
Height: _____ Eyes: _____	Height: _____ Eyes: _____
Hair: _____ Sex: _____	Hair: _____ Sex: _____
D.O.B.: _____ SS#: _____	D.O.B.: _____ SS#: _____
Drivers Lic#: _____	Drivers Lic#: _____
State: _____ Expires: _____	State: _____ Expires: _____

I, \_\_\_\_\_, do hereby guarantee any and all debts of \_\_\_\_\_  
 Which are not paid in the normal course of business according to the terms of purchase from First Coast Supply Pet, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_