

Natura Petz LLC
P.O. Box 490156
Minneapolis, MN 55449
Phone: 877-306-1744
Fax: 877-306-1744
email: cs@naturapetz.com

Fax Completed Form to Toll Free to:
877-306-1744

Application for Commercial Credit

| | | | |
|----------------------------|--------|------|-------------------------------------|
| Company Name: | | | Contact Person: |
| Address: | | | Title: |
| City: | State: | Zip: | Phone: |
| E-mail: | | | Fax: |
| Website: | | | Federal Tax ID or Social Security # |
| Type of Business: | | | Length of time at current location: |
| Date business established: | | | Amount of credit requested: \$ |

Officer's Information

| | |
|----------|--------|
| 1. Name: | Title: |
| Address: | |
| 2. Name: | Title: |
| Address: | |
| 3. Name: | Title: |
| Address: | |

Bank Reference

| | | | |
|------------|--------|------|------------------|
| Bank Name: | | | Contact Person: |
| Address: | | | Phone: |
| City: | State: | Zip: | Fax: |
| Account # | | | Type of Account: |

Trade References

| | |
|-------------|------|
| 1. Company: | |
| Address: | |
| Phone: | Fax: |
| 2. Company: | |
| Address: | |
| Phone: | Fax: |
| 3. Company: | |
| Address: | |
| Phone: | Fax: |

Applicant certifies that the above information is true and correct. My company and I authorize Natura Petz LLC, to initiate any credit investigation it deems fit, now or in the future, to determine our credit worthiness, contact with the above trade or bank references, and obtain credit reports.

I have read, understand, and agree to abide by the terms and conditions stated below.

| | |
|-----------------------|-------|
| Authorized signature: | |
| Printed name: | |
| Title: | Date: |

Please read these Terms and Conditions. These Terms and Conditions describe your credit agreement with Natura Petz LLC.

TERMS: Unless otherwise specified in writing all shipments are invoiced NET C.O.D. Unpaid invoices are considered delinquent at 14 days. Orders will not be shipped on any delinquent accounts, unless prior arrangements are made. Invoiced amounts not paid within 14 days after the date due shall bear interest at the maximum nonusurious rate permitted by law from the date due until paid.

RETURNS: All return of merchandise must be pre-authorized by Natua Petz LLC.. Any items returned without preauthorization may be refused or disposed of without credit being given.

DISPUTES: Any and all disputes must be in writing within 5 days of the receipt of goods. Failure of written notification indicates total acceptance of shipment and payment terms on invoice.

NON-PAYMENT: In the event that payment is not made any and all cost of collection including without limitations reasonable attorneys fees plus all court costs incurred by Natura Petz LLC.

PERSONAL GUARANTEE: All officers signing this application agree to personally guarantee payment for all items purchased on credit by the corporation.

GOVERNING LAW: This agreement shall be governed and interpreted in accordance with the the laws of the state of Minnesota, without regard to such states principles of conflicts of law.



Pure, natural, pet health.

Natura Petz LLC, P.O. Box 490156 Minneapolis, MN 55449

Phone: 877-306-1744 Fax: 877-306-1744 email: cs@naturapetz.com Web: www.naturapetz.com

CREDIT CARD AUTHORIZATION

I agree to allow Natura Petz LLC to automatically charge my credit card in the amount of any and all charges on my account, unless all invoices have been paid prior to due date via check.

Card #: _____

Expiration Date: _____ 3-Digit Check Code: _____

Print Cardholder Name: _____

Address : _____

City, State, Zip: _____

I have read the above statement and agree to the terms mentioned herein.

Signature: _____ Date: _____



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CERTIFICATE OF RESALE

To: Natura Petz LLC

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purposes of resale, and assumes liability for payment of Retailers' Occupation Tax, Service Occupation Tax, or Use Tax with respect to receipts from the resale of this property to users or consumers.

This certificate shall be considered a part of each order which we shall give, unless such order otherwise specifies.

Purchaser's Name _____ Date _____

Address of Purchaser _____

City _____ State _____ Zip Code _____

Signature of Purchaser

(or Authorized Agent)

Certificate of Registration Certificate of Registration Number of Vendor Number of
Purchaser

*** Please attach copy of certificate ***