

**SUMMIT PET PRODUCT DISTRIBUTORS, INC.
CUSTOMER INFORMATION**

Route# _____ Customer # _____ Specials: Yes _____ No _____

Company Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Business Phone Number: (____) _____ Fax Number: (____) _____

Directions: _____

Affiliated Stores Purchasing from Summit: _____

Company Manager: _____ Order Manager: _____

Store Type: _____ Store Hours: _____ Hours of Delivery: _____

Can a Tractor-Trailer access your business location? Yes _____ No _____

Type of Business: Sole Proprietorship _____ Partnership _____ Corporation _____ Length of time in Business _____

Federal Tax ID Number: _____ Resale License Number: _____

FOR WEB ACCESS:

User ID _____ Password _____

NOTE: User ID must be 4 – 6 characters & start with a letter; Password must be 4 – 10 characters, start with a letter & contain 1 number

Email: _____

OWNER/PARTNER INFORMATION:

Name: _____

Social Security Number: _____ Home Phone Number: (____) _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Name: _____

Social Security Number: _____ Home Phone Number: (____) _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

AUTHORIZATION TO RELEASE INFORMATION

I am authorized to complete this credit application and agree that all information is accurate. I agree to allow Summit Pet Product Distributors to make reasonable inquiries regarding credit history.

Name/Title: _____ Date: _____

Faxed to Outside Rep _____
Customer Contacted _____
Route/UPS _____
Call Day _____
Payment Instructions _____
How did you hear about us? _____

Please fax to: Customer Service Mgr.
at (800) 650-1237
or mail to: Summit Pet Product Distributors
Attn: Customer Service Mgr.
420 North Chimney Rock Road
Greensboro, NC 27410

Streamlined Sales and Use Tax Agreement Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1 Check if you are attaching the Multistate Supplemental form.

If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

2 Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3 Please print

Name of purchaser _____

Business address _____ City _____ State _____ Zip code _____

Purchaser's tax ID number _____ State of issue _____ Country of issue _____

If no tax ID number, enter one of the following:	FEIN	Driver's license number/State issued ID number <i>state of issue number</i>	Foreign diplomat number
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Name of seller from whom you are purchasing, leasing, or renting _____

Seller's address _____ City _____ State _____ Zip code _____

4 Type of business. Check the number that describes your business.

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing, and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (explain) _____ |

5 Reason for exemption. Check the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____ |
| <input type="checkbox"/> B State _____ government (name) _____ | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct mail # _____ |
| <input type="checkbox"/> G Resale # _____ | <input type="checkbox"/> L Other (explain) _____ |

6 Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____