



Direct (414) 365-3400  
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### PURCHASE APPLICATION

DATE: \_\_\_\_\_

CUSTOMER # \_\_\_\_\_ SALES REP. \_\_\_\_\_

**BILLING ADDRESS:** County \_\_\_\_\_ FAX# \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SHIPPING ADDRESS:** County \_\_\_\_\_ FAX# \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Hours:** Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Purchase Contact:** \_\_\_\_\_ **Accounts Payable Contact:** \_\_\_\_\_

**Federal Identification No:** \_\_\_\_\_ **Resale Tax No:** \_\_\_\_\_

\*Tax Exempt Certificate must be provided to be tax exempt on your purchases

**Business Property is:** Owned \_\_\_\_\_ Rented \_\_\_\_\_ Land Contract \_\_\_\_\_

**Business Status:** Incorporated \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

**Bank Name:** \_\_\_\_\_ **Account No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

#### PRINCIPAL OWNER(S) INFORMATION:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Drivers License No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_

**OVER →**

**TRADE REFERENCES:** ( Suppliers now extending credit )

Name: \_\_\_\_\_ Name \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The applicant and its principal owner (s), identified above, grant permission to General Pet Supply, Inc., to contact any and all credit reporting agencies, commercial credit reporting agencies, and any or all of the trade and bank references listed above, and the applicant hereby releases all such agencies and references to release credit information to General Pet Supply, Inc.

The individual signing below represents that he or she has the power and authority to execute this application and that all of the information contained in this application is true, correct and complete, and acknowledges that this information has been provided for the purpose of obtaining credit from General Pet Supply, Inc. The undersigned further acknowledges and agrees that any disputes regarding this credit application shall be governed by the laws of the State of Wisconsin, and that any disputes, claims, proceedings or lawsuits regarding this application shall be submitted to any court of competent jurisdiction in the State of Wisconsin.

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

**Personal Guaranty:**

The undersigned guarantor acknowledges and agrees that General Pet Supply, Inc., is under no obligation to first proceed against the applicant or any other party, or to exhaust any other remedies it may have, before proceeding against the undersigned guarantor. The liability of the undersigned guarantor will not be affected by the release of discharge of the applicant in bankruptcy, or by the limitation or modification of the applicant's obligations in bankruptcy, receivership, or any other debtor proceeding. If General Pet Supply, Inc., is required to collect from the undersigned guarantor pursuant to this guaranty, the undersigned guarantor agrees to pay all attorney fees and other costs of collection incurred by General Pet Supply, Inc. The undersigned guarantor further acknowledges and agrees that any disputes regarding this guaranty shall be governed by the laws of the State of Wisconsin, and that any disputes, claims, proceedings or lawsuits regarding this guaranty shall be submitted to any court of competent jurisdiction in the State of Wisconsin.

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

**Office Use Only:**

COPY: WAREHOUSE \_\_\_\_\_ SALES REP \_\_\_\_\_ CATALOG \_\_\_\_\_ HILL'S SAP # \_\_\_\_\_

# Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records. This certificate is invalid unless all four sections are completed by the purchaser.

## SECTION 1: TYPE OF PURCHASE

A. One-Time Purchase  
Order or Invoice Number: \_\_\_\_\_

C. Blanket Certificate  
Expiration Date (maximum of four years): \_\_\_\_\_

B. Blanket Certificate. Recurring Business Relationship

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address <b>GENERAL PET SUPPLY PO BOX 245031 MILWAUKEE, WI 53224</b>
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## SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1.  All items purchased.
2.  Limited to the following items: \_\_\_\_\_

## SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1.  For Resale at Retail. Enter Sales Tax License Number: \_\_\_\_\_
2.  For Lease. Enter Use Tax Registration Number: \_\_\_\_\_

The following exemptions DO NOT require the purchaser to provide a number:

3.  For Resale at Wholesale.
4.  Agricultural Production. Enter percentage: \_\_\_\_\_%
5.  Industrial Processing. Enter percentage: \_\_\_\_\_%
6.  Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
7.  Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).
8.  Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).
9.  Rolling Stock purchased by an Interstate Motor Carrier.
10.  Other (explain): \_\_\_\_\_

## SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name	Type of Business (see codes on page 2)
Business Address	City, State, ZIP Code
Business Telephone Number (include area code)	Name (Print or Type)
Signature and Title	Date Signed

## Instructions for completing Michigan Sales and Use Tax Certificate of Exemption

Purchasers may use this form to claim exemption from Michigan sales and use tax on qualified transactions. It is the Purchaser's responsibility to ensure the eligibility of the exemption being claimed. All claims are subject to audit. Non-qualified transactions are subject to tax, statutory penalty and interest.

Sellers are required to maintain records, paper or electronic, of completed exemption certificates for a period of four years. Michigan does not issue "tax exempt numbers" and a seller may not rely on a number for substitution of an exemption certificate. Other documentation that sellers in the State of Michigan may accept are the Uniform Sales and Use Tax Certificate approved by the Multistate Tax Commission, the Streamlined Sales and Use Tax Agreement Certificate of Exemption, the same information in another format from the purchaser, or resale or exemption certificates or other written evidence of exemption authorized by another state or country.

### SECTION 1:

Place a check in the box that describes how you will use this certificate.

A) Choose "One-Time Purchase" and include the invoice number this certificate covers.

B) Choose "Blanket Certificate" if there is a "recurring business relationship." This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser.

C) Choose "Blanket Certificate" and enter the expiration date (maximum four years) when there is a period of more than 12 months between sales transactions.

Print the vendor's name and address in the area provided.

### SECTION 2:

Place a check in the box for "All items purchased" or choose "Limited to" and list the items that are covered by the exemption claim.

### SECTION 3:

Place a check in the box that applies and provide the additional information requested for that exemption. The exemptions listed are the most common. If the exemption you are claiming is not listed use "Other" and enter the qualifying exemption.

### SECTION 4:

Use the number that describes your business or explain any other business type not provided.

01	Accommodations	09	Transportation
02	Agricultural	10	Utilities
03	Construction	11	Wholesale
04	Manufacturing	12	Advertising, newspaper
05	Government	13	Non-Profit Hospital
06	Rental or leasing	14	Non-Profit Educational
07	Retail	15	Non-Profit 501(c)(3) or 501(c)(4)
08	Church	16	Other

Print the name of the business, address, city, state and zip code. Sign and provide your title (i.e. owner, president, treasurer, etc.). Provide your printed name and date the certificate.

**DO NOT SEND THIS EXEMPTION CERTIFICATE TO THE DEPARTMENT OF TREASURY.**

Approved \_\_\_\_\_

# OHIO VALLEY - GPS

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

Dear Customer:

## CARD HOLDER INFORMATION

**Business Name:** \_\_\_\_\_

Card Holder Name \_\_\_\_\_

**Billing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

**Type of Credit Card** (circle one)      **MASTERCARD**      **VISA**

**Credit Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_      **CVV2/CVC2** (see fig.1) \_\_\_\_\_

**Authorized Card Holder Signature:**   X   \_\_\_\_\_

### FOR OFFICE USE ONLY

**EZ** \_\_\_ **CC** \_\_\_ **KP** \_\_\_ **JO** \_\_\_ **AP** \_\_\_ **MW** \_\_\_ **JH** \_\_\_ **OTHER** \_\_\_\_\_

**BILLING TYPE:**     **DAILY**     **WEEKLY**     **MONTHLY**     **ONE TIME CHARGE**

**ADDITIONAL INFO:**     **UPDATING CARD FILE**     **NEW ACCOUNT**

**CUSTOMER #** \_\_\_\_\_      **AMOUNT \$** \_\_\_\_\_

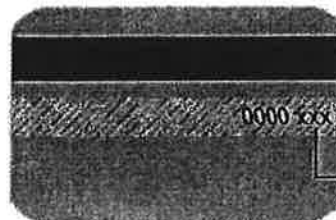
**PAY DETAIL** \_\_\_\_\_

Figure 1



CVV2  
Num

VISA



CVC2

MASTERCARD