

Online Dealer - Drop Shipping Program

Application

Business Name: _____

Store Name (if available): _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ Ext: _____

Email: _____ Website URL: _____

Fax: _____

Type of business: _____

Services offered: _____

Name of primary decision maker for web site: _____

Title: _____

Best time to contact: _____

Number of stores (If Any) _____

Number of employees: _____

Tax ID number: _____

Year of company origination: _____

Size of retail area (est. sq footage): _____

Annual expenditures on pet fashion supplies: _____

Types of items carried for retail: _____

How do you prefer to make your purchases: Phone Web Mail

Other distributors you use for your retail needs: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Options:

FAX (888) 738-2624

Fill out, Scan, **EMAIL** to Info@petlifecentral.com "Subject" field please type "Online Retail Program"

MAIL: Pet Life LLC, Attn: Online Retail Division, 2097 East 4th Street, Brooklyn, NY 11223

Application