

THE EPIC ANIMAL LLC

3909 13th Ave. S. Minneapolis, MN 55407

Tel. 612-695-3770 or 1-800-848-9172 Fax 1-800-782-0655

Email: Jon@TheEpicAnimal.com



Account Application must be completed in full.

Business Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Years in Business: _____ Resale Number: _____

Federal ID Number: _____ Size of Store (square foot) _____

E-mail address: _____

Can we email you specials or company news? Please mark one: YES () No ()

Principals / Officers & Titles:

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Check One: Corporation () Partnership () Proprietorship ()

Trade References: To process for an account, we need 3 references with an established open account.

Company Name: _____ Account# _____

Address: _____

Telephone: _____ Fax: _____

Company Name: _____ Account# _____

Address: _____

Telephone: _____ Fax: _____

Company Name: _____ Account# _____

Address: _____

Telephone: _____ Fax: _____

Commercial Banking Information:

Bank Name: _____ Account# _____

Address: _____

Telephone: _____

I, the undersigned, hereby authorize the business and banking references. I have given herein, to disclose information necessary to enable you to assess our credit worthiness for the purpose of establishing an account. I further understand that I must adhere to the terms of payment in order to maintain an account status.

Signature: _____ Title: _____ Date: _____

Drivers License Number: _____

Credit Card # (Visa, MC) _____

Exp. Date _____ Security Code on back of card: _____