



Pets' Spark™ eliminates bacteria that causes gooey ocular discharge and stains around the eyes, mouth and feet of your pet.

Petaware
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Fax 1(305) 675-8456
info@PetsSpark.com
www.PetsSpark.com

International Distributor Form

Company Name: _____

Type of Company (Corp., Ltd, Plc, Partnership, etc.): _____

Trading Name: _____

Address: _____

_____ Town: _____ County: _____

Post Code: _____ Country: _____

Telephone No.: _____ Fax No.: _____ E-Mail: _____

Website: _____ Contact Name: _____

Registered Address: _____

Registration No.: _____ Date Started in Business: _____

V.A.T./T.V.A./I.V.A. No.: _____

Name of Parent Company: _____

Proprietors/Principals/Partners

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Address: (home) _____

Telephone No. (home) _____

ACCOUNTS PAYABLE (BOUGHT LEDGER) CONTACT

Name: _____

Telephone No.: _____ E-Mail: _____

BANK DETAILS

Bank Name and Address: _____

Account No.: _____ Sort Code: _____

Type of Account: _____

Contact Name: _____ Telephone No.: _____

TRADE REFERENCES

Company Name _____ **Contact:** _____

Address: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Company Name _____ **Contact:** _____

Address: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Company Name _____ **Contact:** _____

Address: _____

Phone No.: _____ Fax No.: _____ Email: _____

Amount of Credit Line desired: _____ Annual Sales/Turnover: _____

List of primary countries where the customer does business: _____

Nature of Business: _____

Preferred Freight Forwarded: _____

Customer's Signature: _____

Position/Title: _____ Date: _____

IT IS ESSENTIAL TO COMPLETE THIS FORM IN FULL TO AVOID DELAY IN PROCESSING THIS APPLICATION.

The person signing this application certifies that he/she is authorized to sign on behalf of the undersigned and has the authority to legally bind the undersigned and that all of the information contained in this application, is true and correct to the best of their information, knowledge and belief. Applicant, in submitting this application for the purpose of obtaining credit, authorizes Creditor Company to contact the references provided to obtain any information pertaining to the applicant's credit worthiness.

CREDITOR COMPANY: Pets' Spark Inc.

Name of Applicant: _____
(Print or Type)

Signature: _____
(If a Corporation, to be signed by an Officer of Company)

Title/Position: _____

Witness: _____

Date: _____