



Pet Care Supplies Inc.

Dealer Information Sheet

Store Name: _____

Address: _____

City: _____ Prov./State: _____ P.C./Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Preferred Product Information Method: Email _____ Fax _____ Regular Mail _____

Name of Bank: _____

Credit References: 1 _____

Fax: _____

2 _____

Fax: _____

3 _____

Fax: _____

Name(s) of Owner: _____

Home Address: _____ City: _____

Prov/State: _____ Home Phone: _____

Signature of Owner

Signature of Owner

Please return at your earliest convenience
Thank you,

Fusion Pet Care Supplies Inc