

### Application

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

Store Name (if different): \_\_\_\_\_

Billing address: \_\_\_\_\_

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

Delivery address: \_\_\_\_\_

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

Can you accept freight shipments? Yes  No  Credit cards Accepted: Visa  American Express   
Master Card  Discover

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

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Store hours:	Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Hours							

How did you hear about RJ Matthews: \_\_\_\_\_

Type of business: \_\_\_\_\_

Services provided: \_\_\_\_\_

Year company started: \_\_\_\_\_

Number of stores: \_\_\_\_\_ Size of retail area: \_\_\_\_\_

Annual expenditures on animal health supplies: \_\_\_\_\_

Name of primary decision maker for animal health supplies: \_\_\_\_\_

Title: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Brand names if items carried: \_\_\_\_\_

\*Tax ID#: \_\_\_\_\_

Other distributors you buy from for your retail needs: \_\_\_\_\_

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

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

I certify that the above information is correct.

\* In order for your application to be processed, please include a copy of resale certificate.\*

**Please complete application in full and fax, along with resale certificate, to:**

**330-830-2774, Attention: Bev Briggs**

**or mail to: RJ Matthews Company, 2780 Richville Drive SE, Massillon, OH 44646**

**Phone: 800-578-9234**

**To apply for credit terms, please call our credit department at 330-834-2003**