

Trade / Professional Registration Form					
Customer Name					
Trading Name					
Proprietor		ACN			
Date Established		ABN			
Postal Address					
		State		Post Code	
Delivery Address					
		State		Post Code	
	Contact phone		E-mail		
Main Business Number			Mobile number		
Buyer's Name			Buyer's Phone		
Buyer's Email			Buyer's Fax		
Accounts Name			Accounts Phone		
Accounts Email			Accounts Fax		
Billing Address (if different from above)					
		State		Post Code	
<b>Payment Details. If you'd like us to hold your credit card details on file, please complete section below.</b>					
Card-holder name			Type (Visa/Mastercard/AmEx):		
Card number			Expiry:		CVV:
<b>If you prefer to pay by EFT or cheque, please complete the section below</b>					
Bank Name & Branch					
Bank Account-holder Name					
<b>Type of Business</b>					
Retailer	<input type="checkbox"/>	Boarding/Day-care	<input type="checkbox"/>	Dog Trainer	<input type="checkbox"/>
Online Store	<input type="checkbox"/>	Health food retailer	<input type="checkbox"/>	Supermarket	<input type="checkbox"/>
Vet	<input type="checkbox"/>	Nutritionist	<input type="checkbox"/>	Naturopath	<input type="checkbox"/>
Pet rescue	<input type="checkbox"/>	Breeder	<input type="checkbox"/>	WeChat	<input type="checkbox"/>
Other (please specify details)	<input type="checkbox"/>	Supplement Store	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
<b>Brands of Interest to your business</b>					
ZIWI	<input type="checkbox"/>	HempPet	<input type="checkbox"/>	Vetalogica	<input type="checkbox"/>
WAG	<input type="checkbox"/>	Bell & Bone	<input type="checkbox"/>		
<b>Please indicate below if you would like</b>					
A store/office visit from one of our Sales Representatives?			Yes	<input type="checkbox"/>	No
				<input type="checkbox"/>	<input type="checkbox"/>
<b>Internet Requirements</b>					
Website					
Facebook					
Other Social Media Platforms					
Would you like to be listed as a stockist on our websites?			Yes	<input type="checkbox"/>	No
				<input type="checkbox"/>	<input type="checkbox"/>
Would you like to receive a link to our brands media kit?			Yes	<input type="checkbox"/>	No
				<input type="checkbox"/>	<input type="checkbox"/>
<b>Normal trading days/hours. Please indicate any delivery instructions.</b>					
Monday			Thursday		
Tuesday			Friday		
Wednesday			Saturday/Sunday		
<b>Office Use Only</b>					
Phone Discussion	<input type="checkbox"/>	Entered NS	<input type="checkbox"/>	Price List Sent	<input type="checkbox"/>
Scanned	<input type="checkbox"/>	Added to Website	<input type="checkbox"/>	Filed	<input type="checkbox"/>

**Please note:** This is not an application for Credit terms. We normally require three full months trading history with us before we consider credit terms. Contact us if/when you want to apply for a credit account or set up automatic credit card payments.