

**Wholesale Information - Fax to 775.886.6301**

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Clinic / Store Name

Wholesale Customer Name:

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First Name Last Title

Billing Address:

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Street City State Zip

Shipping Address:

check if same as above

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Street City State Zip

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Phone

Alternate Phone

Fax

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Website and/or e-mail address

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Tax Identification #

Business license #

Resale #

Please include a copy of your Business license and your resale license if you have one. (If you have a resale license, you will not be charged taxes; but that is only if we have a copy of the license.)

Class: Please Circle for all that apply

<ul style="list-style-type: none"><li>▪ Veterinarian</li><li>▪ Physician</li><li>▪ Clinic</li></ul>	<ul style="list-style-type: none"><li>▪ Distributor</li><li>▪ Store</li><li>▪ Rescue Center</li></ul>
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This information is Correct & True to the best of my knowledge

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Signature

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Date