Toll Free (866) 541-4995

South Pointe Wholesale, Inc.

321 Matthews Mill Road Glasgow, KY 42141 (270) 678-9400

Fax (270) 678-9512 (270) 678-9430

Customer Application

Date:	
Business Name:	
Billing Address:	·····
Shipping Address:	
City:	State: Zip Code:
Phone:	Fax:
Owner:	
Authorized Buyer:	
Accounts Payable Contact:	
Accounts Payable Phone:	Fax:
Accounts Payable E-Mail Address:	
	Please provide a copy of License***
State Renewable Vet License #:	Expiration Date:
DEA #:	Expiration Date:
PAYM	IENT METHOD
10 th of the following month:	Credit Card:(Matercard, Visa)
Card Number:	Exp. Date:
Name on Card:	
COMPANY/ORGAN	IZATION CONSENT TO FAX
	rotection Act, effective July 1, 2005, require us to have you in order to communicate with you via fax.
<u>Plea</u>	ase circle one
YES, I DO WIS	SH TO RECEIVE FAXES
NO, I DO NOT W	VISH TO RECEIVE FAXES
	the above information is correct. cation is only for the use of South Pointe Wholesale, Inc
Print Name:	Title:
Signature:	Date: