



Wholesale Application

Name _____

2nd Contact Name _____

Company _____

Address _____

City _____

State / Zip Code _____

Resell Certificate Number _____

Tax ID _____

Phone Number _____

Fax Number _____

Email _____

URL _____

DATE _____

Signature _____

Above information is considered confidential between the above referenced Company and PetZip Group whose address is 480, Apollo St., Suite E, Brea, CA 92821.