



** Incomplete Application
cannot be processed**

Date: _____

Account Information

Name of Account: _____

Are you a: Pet Store Kennel/Breeder Clinic Other (Please explain):

Delivery Address: _____

Street

City

St

County

Zip

Account Telephone: () _____ Account Fax: () _____

Email Address: _____

Hours: Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Mailing Address (If different than delivery address)

Street _____ City _____ St _____ Zip _____

Directions from nearest major intersection:

Main Contact at Store/Kennel/Clinic: _____

Can you accept delivery by 60' Semi at the above address? Yes No

Do you have: () Dock () Ramp () Fork Lift () Pallet Jack

Delivery Hours: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____

FOR OFFICE USE ONLY

Date Approved: _____

Approved By: _____

Outside Rep _____

Inside Rep _____

A/R Rep _____

Pet Food Territory:

I/E P NB W/OMH

Service Location: Lansing Brunswick Louisville

Routing -- Day: _____ Trip/Stop: _____ / _____ Routed By: _____

2nd Deliv Day: _____ Trip/Stop: _____ / _____ Date: _____

UPS Only

CPU Only

Common Carrier

Account Number: _____ Setup By: _____ Date: _____

WOLVERTON

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Owner Information:

Name of Owner: _____

Home Address: _____
Street City St Zip

Home Telephone: () _____

Date Business Opened _____

Accounts payable contact: _____ Email: _____

How did you hear about Wolverton?

Would you like to receive specials and announcements by email: Yes No

Bank Information:

Bank Name: _____

Bank Address: _____
Street City St County Zip

Account Number: _____

Please include 2 trade references:

Company _____ Contact _____

Phone _____

Company _____ Contact _____

Phone _____

P.O. Box 80377 • Lansing, MI 48908-0377 • 5542 West Grand River Avenue 48906
PHONE 517.321.7250 • 1.800.351.0022 • FAX 517.321.8016

"One of the Wolverton Companies"
Wolverton, Incorporated • Wolverton Pet Supply Company • Wolverton Pet Food Company



SALES AND USE TAX CERTIFICATE OF EXEMPTION

This certificate is invalid unless all four sections are completed by the purchaser.

Section 1: Check one of the following;

- One time purchase
- Blanket certificate

The purchaser hereby claims on the purchase of tangible personal property and selected services made under this from:

- Wolverton, Inc.
- Wolverton Pet Food Company
- Wolverton Pet Supply Company
- Wolverton Transportation Company
- Wolverton Manufacturing Company
- Wolverton Leasing Company

and certifies that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser:

Section 2: Items covered by this certificate:

- All Items purchased
- Limited to the following items: _____

Section 3: Basis for exemption claim:

Resale

- At Retail - Sales Tax Registration Number:
- At Wholesale - No Number Required
- Agricultural Production: (Describe)
- Industrial Processing

Non-Profit Organizations

- Government Entity, Nonprofit School, Nonprofit Hospital, and Church
(Circle type of organization)
- Internal Revenue Code Section 501(c)(3) and 501(c)(4) Organizations
- Exempt letter from State of Michigan
- Other (explain):

Section 4: Certification

In the event this claim is disallowed, the purchaser promises to reimburse the seller for the amount of tax involved.

Purchaser

Street Address

Area Code/ Telephone No.

City State Zip Code

Signature and Title

Date Signed

Name (Print or Type)

Expiration date, if less than three years: _____