

**CREDIT APPLICATION/PETTING ZOO INC.** I/We hereby apply for open account credit with The Petting Zoo Incorporated. (PZI) Furthermore, I/We certify that the following information is true, accurate and correct as of the date of this application.

Date:	Salesperson:	
Customer Name:		
Billing Address:		
Shipping Address:		
City:	State:	Zip:
Phone:( )	<b>Fax:</b> ( )	E-Mail:
Contact Person:		
*******	******	*************
Credit References:		
Name:	Fax:	Acct #:
Name:	Fax:	Acct #:
*******	*****	*************
Credit Line Desired:		Credit Terms Desired:
Credit Card to be on file: _		
Exp Date:	CVS Code:	
Signature:		DATE:
Backorders accepted (If left blank backorders w ***********	ill automatically be sent,	and no returns will be accepted) ***********
	Resale Tax Cert	ificate
Customer's State Resale Co	ertificate Number or Exe	mption Number:
	Signature	