

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status; (provided the applicant has the capacity to enter into a binding contract); Because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity; Washington, D.C. 20580

Credit Application  
Fax 800-523-7054



New Account       Update Existing Account      Account # \_\_\_\_\_

Ship-To Information      Name WellHaven Pet Health LLC      Phone Number \_\_\_\_\_

Address \_\_\_\_\_      Fax Number \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

Hours of Operation \_\_\_\_\_      Delivery Contact Person \_\_\_\_\_

Earliest/latest time of day to accept deliveries \_\_\_\_\_

Are there any times between the above that you cannot accept deliveries? Please explain: \_\_\_\_\_

What days are closed for deliveries? \_\_\_\_\_

Deliver to (check one)      Front Door       Back Door       Side Door

Can our drivers park in your parking lot for deliveries?      Yes       No

Are there steps to go up or down in making deliveries?      Yes       No

Do you have the ability to receive product on pallets?      Yes       No

Is there a ramp for hand-truck or pallet jack use?      Yes       No

What is the closest major intersection? \_\_\_\_\_

If your delivery point is between cross streets, what are they? \_\_\_\_\_ and \_\_\_\_\_

Are there any other specific delivery instructions? \_\_\_\_\_

**Signature and Credit Authorization**

The undersigned hereby consent to Hill's Pet Nutrition Sales, Inc. use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal, proprietor, and/or guarantor in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorizes Hill's Pet Nutrition Sales, Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as an individual hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the credit department within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

I/We fully understand and agree to the terms of sales, including credit, and collection policies of Hill's Pet Nutrition Sales, Inc. listed above, and agree to make proper payment in accordance with these terms, and that failure to pay within the specified terms may result in cancellation of the credit account. I/We understand that all information listed, plus outside credit agencies and associations may be used to investigate the validity of this application. The undersigned warrants that he or she is authorized to execute this application. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms.

Owner/Corporate Officer's Signature

James King  
James King (Jul 9, 2018)

Date 07/09/18      Print Name James King      Title Sr. VP Finance

**Credit Application**  
Fax 800.523.7054

New Account  Update Existing Account Account # \_\_\_\_\_

**Signer Information**

Name: Wellhaven Pet Health LLC Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Hours of Operation: \_\_\_\_\_ Delivery Contact Person: \_\_\_\_\_

Earliest/latest time of day to accept delivery \_\_\_\_\_  
 Are there any times between the above that you cannot accept delivery? Please explain: \_\_\_\_\_

What days are desired for delivery?  
 Delivery to (check one) Home Door  Back Door  Side Door   
 Can we always reach your delivery location? Yes  No   
 Are there steps to go up or down in making delivery? Yes  No   
 Do you have the ability to receive product on pallets? Yes  No   
 Is there a way to facilitate or expedite our? Yes  No   
 What is the closest major intersection? \_\_\_\_\_  
 If your delivery point is between cross streets, what are they? \_\_\_\_\_ and \_\_\_\_\_  
 Are there any other specific delivery instructions? \_\_\_\_\_

**Signature and e-Signature**

The undersigned hereby certifies that the information provided herein is true and correct to the best of his/her knowledge and belief, and that the undersigned is authorized to execute this application on behalf of the applicant. The undersigned understands that the information provided herein is being used for credit purposes only and that the undersigned is not providing any warranty or representation of any kind. The undersigned understands that the information provided herein is being used for credit purposes only and that the undersigned is not providing any warranty or representation of any kind. The undersigned understands that the information provided herein is being used for credit purposes only and that the undersigned is not providing any warranty or representation of any kind. The undersigned understands that the information provided herein is being used for credit purposes only and that the undersigned is not providing any warranty or representation of any kind.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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# Hills Credit Application

Adobe Sign Document History

07/09/2018

Created:	07/09/2018
By:	Gretchen Riley (gretchen.riley@wellhavenpethealth.com)
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## "Hills Credit Application" History

-  Document created by Gretchen Riley (gretchen.riley@wellhavenpethealth.com)  
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-  Signed document emailed to James King (jim.king@wellhavenpethealth.com) and Gretchen Riley (gretchen.riley@wellhavenpethealth.com)  
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