



MOOSE PET WEAR PROGRAM APPLICATION

Date: _____	MPW OFFICIAL USE ONLY MPW Customer ID Number _____
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APPLICANT INFORMATION
Sec. A Required Information (Note: Leaving any of this section incomplete unless otherwise noted will result in denial of the application)

Company Name _____ **Phone** _____
Mailing Address _____
Street Address _____
City _____ **State** _____ **Zip** _____
Primary Contact _____
Secondary Contact(optional) _____
Email Address _____

Sec. B Complete Applicable Information:

Parent Name (If Subsidiary or Division) _____ **State Registered :** _____
Address _____
City _____ **State** _____ **Zip** _____
Industry _____ **Date Started** _____

Company Type Public Private Subsidiary Division Sole Proprietor LLC INC S-Corp Corp

Sec. C Please provide at least two (2) lines of the following information:

Business License# _____ **State or Local Tax Exempt #** _____
Federal ID# _____ **Social Security # of Sole Proprietor** _____
Web Address _____ **Duns #** _____

I agree to authorize Moose Pet Wear/ Strapworks to verify the information provided. I certify that all the information provided is correct and current. I understand any information change must be notified to Moose Pet Wear/ Strapworks immediately. I understand that approval for the Moose Pet Wear program status does not guarantee any rights, credit terms, or additional privileges other than outlined in the Moose Pet Wear program. I understand that the Moose Pet Wear program may change without notice and that it is my responsibility to keep informed on the changes.

Date _____

Name (Signature) _____

Name (Print) _____

All points of sale are Eugene, OR

Moose Pet Wear / Strapworks – 3900 W 1st Ave Eugene, OR 97402
(541) 741-0658 Fax: (541) 741-7625
Support@moosepetwear.com