



DEALER SERVICES

Application

Business name: _____

Store name (if different): _____

Billing address: _____

City: _____ State: _____ Zip: _____

Delivery address: _____

City: _____ State: _____ Zip: _____

Can you accept freight shipments? Y N

Credit cards accepted: Visa American Express MasterCard Discover

Phone: _____ Ext: _____ Fax: _____

Email: _____ Website: _____

Store hours:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

How did you hear about RJ Matthews Company: _____

Type of business: _____

Services provided: _____

Year company started: _____

Number of stores: _____ Size of retail area: _____

Annual expenditures on animal health supplies: _____

Name of primary decision maker for animal health supplies: _____

Title: _____ Best time to contact: _____

Brand names of items carried: _____

*Tax ID number: _____

Other distributors you buy from for your retail needs: _____

Name: _____ Title: _____

Signature: _____ Date: _____

I certify that the above information is correct.

* In order for your application to be processed, please include a copy of resale certificate.

Please complete application in full and fax, along with resale certificate, to:
330-830-2762, Attention: Kevin Warrene
Or mail to: RJ Matthews Company, 2780 Richville Drive SE, Massillon, OH 44646
Phone: 800-578-9234

To apply for credit terms, please call our credit department at 330-834-2174