



Golden Ina, Inc.

13609 Alma Ave, Gardena, CA 90247

Ph: (949) 387-4897; Fax: (949) 491-8725; Mobile: (949) 331-4347 Email: gi@golden-ina.com

Account Application

Company _____ Email: _____

Address _____ City _____ State: _____ Zip _____

Phone _____ Fax _____ Emergency / Alt Ph _____

Purchasing preferences: Wholesale _____ Transhipment _____ or Both _____

Business Type and Ownership

Date established _____ Federal ID # _____ Number of employee _____

Check one: Wholesaler _____ Retailer _____ Online sales only _____

Corporation _____ State of Incorporation _____ Partnership _____ Sole Proprietorship _____

Owner / Officer: _____ Title _____ Phone _____

Full home address _____

Owner / Officer: _____ Title _____ Phone _____

Full home address _____

Trade References

Company _____ Contact _____ Phone _____ Fax _____

Address _____ City _____ State: _____ Zip _____

Company _____ Contact _____ Phone _____ Fax _____

Address _____ City _____ State: _____ Zip _____

How do you hear about our company:

- Pet Business Magazine
- Internet Search Result
- Our boxes at the airport
- Other: _____

Shipping preferences:

- Airport Code _____
- Airlines 1 _____
- Airlines 2 _____

Please fax this form along with a copy of your company business license or seller permit.



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Credit Card Authorization and/or Back up for Check Payment by Fax

I authorized Golden Ina, Inc. to charge the credit card below for any amount on purchases that I made. In addition, in the occasion when I use Check Payment by Fax, this credit card will be use as back up payment only. I understand that I am fully responsible for any balances on my account, and I am liable for any additional charges that may be incurred by Golden Ina, Inc. as a result of collection and/or legal proceedings. In the event that my credit card expires I will provide Golden Ina, Inc., with the new expiration date verbally via telephone. I have read and understand the above conditions.

Company Name: _____ **Phone No:** _____

Primary Card

Credit card type: Visa / MasterCard / Discover / Debit Card

Card Number: _____

Expiration date: _____ Security Code: _____ (3 digit or 4 digit for Amex)

Name as it appears on the card: _____

Billing address (where you receive credit card statement):

Address: _____

City, State, Zip: _____

Secondary Card / Back up

Credit card type: Visa / MasterCard / Discover / Debit Card

Card Number: _____

Expiration date: _____ Security Code: _____ (3 digit or 4 digit for Amex)

Name as it appears on the card: _____

Billing address (if different than above):

Address: _____

City, State, Zip: _____

Authorized signature _____ Date _____

Print Full Name _____ Title _____

Use this form to update new credit card if you need to change to a new card.