

Reseller Application Form

Please complete this form and return it to us by post, fax or email. Each application will be considered on an individual basis so this information is required for us to know a little bit more about you before we make this decision. All information provided will be treated as strictly confidential. Businesses applying for goods to be used in an industry related environment but not for resale are still required to submit this form.

PLEASE NOTE: This is NOT a credit application form. All new resellers start on a C.O.D basis. We will only consider credit terms when an ongoing relationship has been established.

GENERAL CONTACT DETAILS

Registered Business Name:.....
Trading Name:.....
Contact:.....
Address:.....
Suburb:..... State:..... P/code:.....
Phone:..... Fax:.....
Email (Very important! This is how we keep in touch):
.....
Website:.....
ABN:.....

Operating hours (if applicable):

- | | | | |
|------------------------------|----------------|-------------------------------|----------------|
| <input type="checkbox"/> Mon | _____ to _____ | <input type="checkbox"/> Tue | _____ to _____ |
| <input type="checkbox"/> Wed | _____ to _____ | <input type="checkbox"/> Thur | _____ to _____ |
| <input type="checkbox"/> Fri | _____ to _____ | | |
| <input type="checkbox"/> Sat | _____ to _____ | <input type="checkbox"/> Sun | _____ to _____ |

BUSINESS PROFILE

- No. of years trading under your current trading name:
- No. of employees:
- Please tick the category which best describes your business (you can select more than one where applicable):

- | | | |
|--|--|---|
| <input type="checkbox"/> Retail Pet Store | <input type="checkbox"/> Online Store/E-Tailer | <input type="checkbox"/> Groomer (mobile) |
| <input type="checkbox"/> Veterinary Clinic | <input type="checkbox"/> Boarding Kennel/Cattery | <input type="checkbox"/> Groomer (shopfront) |
| <input type="checkbox"/> Produce Store | <input type="checkbox"/> Daycare Facility | <input type="checkbox"/> Training/Behavioural |
| <input type="checkbox"/> Not For Profit | <input type="checkbox"/> Other. Please specify: | |

Snooza
Your pet, our life®



18 Century Drive, Braeside VIC 3195
Tel: (03) 9587 3455 Fax: (03) 9587 1569

- Which products do you intend to carry from the Snooza range?

Full range

Specific Items:

- | | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> Raised Beds | <input type="checkbox"/> Pet Futon | <input type="checkbox"/> Multimat | <input type="checkbox"/> D1000 |
| <input type="checkbox"/> Jute Mattress | <input type="checkbox"/> Durobed | <input type="checkbox"/> Newport | <input type="checkbox"/> Cuddler |
| <input type="checkbox"/> Ottoman | <input type="checkbox"/> Jack's Bed | <input type="checkbox"/> Big Dog Bed | <input type="checkbox"/> Buddy Bed |
| <input type="checkbox"/> Pet Cushion | <input type="checkbox"/> Hidey Hole | <input type="checkbox"/> Snuggler | <input type="checkbox"/> Bumper Bed |
| <input type="checkbox"/> Cubbie | <input type="checkbox"/> Shapes | <input type="checkbox"/> Eskimo Range | <input type="checkbox"/> The Lounger |
| <input type="checkbox"/> Magnomat | <input type="checkbox"/> Orthobed | <input type="checkbox"/> Stay Dry Mat | <input type="checkbox"/> Out n About |
| <input type="checkbox"/> Paw Pad | <input type="checkbox"/> Igloo | <input type="checkbox"/> Cat Scratching Pole | <input type="checkbox"/> Good Dog Range |
| <input type="checkbox"/> Accessories (including Water Wallet, Walking Bag, Dog Bowls, etc.) | | | |

- Anticipated average monthly spend: \$.....

- Please provide three trade references & the authority to contact them:

Business name:

Contact name:

Phone:

Business name:

Contact name:

Phone:

Business name:

Contact name:

Phone:

I/we authorise Snooza Pet Products to contact any of the above referees to confirm an existing business relationship.

Signature: Date:

- How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Search engine |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Website | |
| <input type="checkbox"/> Already purchasing through a distributor. Which one?: | |
| <input type="checkbox"/> Other: | |

If your application is accepted we'll be back in touch to answer any initial questions you may have, confirm your delivery and billing details and, most importantly, confirm the details you would like published under the 'where to buy' section of our website so we can start promoting you! You'll also be sent our 'start-up' pack in the post which will include order forms, brochures and a full price list to get you started.

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