



NEW ACCOUNT APPLICATION

Please fill out this form and return it via email or fax with a copy of your business license.

Sales@proaquatix.com -- Fax: (772) 567-4204

Company Name _____ Contact Name _____

How did you learn about us? _____ Owner Name _____

Please check all that apply:

Physical storefront Offers Tank Maintenance

Distributes to Pet Stores Sells fish online

Public Aquarium

Owner SSN# _____

Email _____

Phone _____

Fax _____

Shipping Address

_____ Preference: UPS/Fedex
Street Address Airline Cargo

_____ City _____ State _____ Zip _____ Nearest Airport _____ Weekday Hours _____

Special Instructions: _____

Billing Address and Contact

Preferred method of payment: Credit Card Check PayPal Electronic Check

Check box and skip If billing address is the same as the address on Credit Card Authorization form.

_____ Street Address _____ City _____ State _____ Zip _____

Check box and skip If billing contact is the same as the Store/Ordering contact above.

_____ Billing Contact _____ Billing Email _____ Billing Phone _____

Terms

Check to confirm that you have filled out the accompanying Credit Card Authorization Form.

Check to confirm that you have read and agree to the terms below.

We Ship UPS/FedEx to your door at a \$49.95 flat rate fee. (\$10 to Florida) or FREE airline shipping for orders over \$400.00.

Multi box orders are shipped via airline cargo.

We charge an 8.95 box charge for each box. This includes any heat or ice packs that may be necessary.

All orders are to be paid for in advance.

WE GUARANTEE 100% Live ARRIVAL and 24HRS IN YOUR CARE. Value of losses will be credited towards future orders.

_____ Authorized Signature _____ Printed Name _____ Title _____ Date _____