



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
- Opt-in to receive weekly price list email

Email _____

Phone _____

Mobile Phone _____

Fax _____

Shipping Address

Street Address _____

Preference: UPS/Fedex
 Airline Cargo

City _____

State / Province / Region _____

Zip / Postal Code _____

Country _____

Nearest Airport _____

Weekday Hours _____

Special Instructions: _____

Billing Address and Contact

Preferred method of payment: Credit Card Check PayPal ACH Wire Transfer

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

Street Address _____

City _____

State / Province / Region _____

Zip / Postal Code _____

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 read and agree to the terms below.

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 _____