

# AlgaGen Customer Application

Legal Business Name:

DBA (If Different):

Business Address:

City: State: Zip: Telephone #:

Fax#:

Cell #:

Email:

Website: www.

Shipping/Mailing Address (if different):

City: State: Zip:

Years in Business:

Type of Business (please circle one):

*Corporation Sole Proprietorship Partnership LLC*

State of Incorporation:

Federal tax ID #:

Persons Authorized to Buy:

Name of Principal: Title:

Home Address:

Store Hours:

Store Square Footage:

Type of Store (please circle one):

*All Pets Freshwater Saltwater*

Do you offer aquarium maintenance services?:

**References in the Trade**

Name Company Contact Telephone #

1.

2.

3.