



M.V.P. Supplements Incorporated
K9 Bodybuilding Formulas
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www.mvpk9supplements.com

New Customer Information Form

Business Name: _____ **Phone:** _____
DBA: _____ **Fax:** _____
Billing Address: _____ **A/P Contact:** _____
City, State, Zip: _____ **Buyer Contact:** _____
Shipping Address: _____ **Buyer E-Mail:** _____
City, State, Zip: _____ **Company Website:** _____
Under present ownership since: _____ **Resale or Sales Tax Exemption#:** _____
Social Security #: _____ **Employer Identification #** _____

Form of Business

Proprietorship Partnership Corporation LLC

Type of Business

Distribution Feed/Supply Store Boarding Veterinarian Clinic
 Training Facilities Retail Other _____