WILDLIFE RESEARCH CENTER, inc.
14485 Azurite St. NW., Ramsey, MN 55303-4859 Phone: 800-873-5873. 763-427-3350 Fax: 763-427-8354
BUSINESS INFORMATION

Company Name			_Telephone	()	FAX (	)	
Postal Address		Shipping	Address				
City		ST ZIP		Parent Co	ompany, If any		
Years in business	_No. of employees	Business	License No.		_Sales Tax #		
Type of ownership ( ) INDIV	'IDUAL	( ) PARTNERSHIP		( ) CORPORATION	N		
Please Indicate names of			_				
	President			Vice President			
	Secretary		_	Treasurer			
List other employment or locatio	ns:						
OWNERS/OFFICERS INFOR	MATION						
1. Name		Title:			Home Phone(	_)	
Home address:			_City:		ST	_Zip	
2. Name		Title:			Home Phone(	_)	
Home address:			_City:		ST	Zip	
MAJOR SUPPLIERS (PLEAS	SE DO NOT USE D	ISTRIBUTORS AS R	EFERENC	ES)			
1		2			3		
ADD:		ADD:			ADD:		
TEL: ()		TEL: ()			TEL: ()		
ACCT NO		ACCT NO			ACCT NO		
BANK REFERENCES							
1ST Bank:	TEL: (	)	_ 2ND Ban	k:		TEL:()	
ADD:	( )Check	ing Acct ( ) Loan	ADD: _			( )Checking Acct	( ) Loan
PLEASE READ AND SIGN THE I							
YOU ARE AUTHORIZED TO CON CERTIFY THAT THE INFORMATI REFLECTS OUR FINANCIAL CON INVOICE DUE DATES AT A RATE AMOUNTS OWING TO YOU AND READ THIS AGREEMENT, A COP	ON GIVEN IN THIS A IDITION. I/WE AGRE E OF 1.5% PER MONT A JUDGMENT IN RE	PPLICATION IS TRUE A E TO PAY ALL INVOIC H OR THE MAXIMUM A NDERED IN YOUR FAV	ND ACCURA ES WITHIN S ALLOWABLI OR I/WE AG	ATE, AND ANY FINAN STATED TERMS AND ' E RATE, WHICHEVER REE TO PAY COURT O	ICIAL INFORMATION TO PAY SERVICE CH IS LESS. IN EVENT COSTS AND REASONA	I SUBMITTED CORRE ARGES ON AMOUNTS SUIT IS INSTITUTED ABLE ATTORNEY FE	CTLY S PAID AFTER TO COLLECT ES. I.WE HAVE
DATE	BY:				_TITLE:		
DATE	BY:				_TITLE:		
PERSONAL GUARANTEE (PLEA	ASE DO <u>NOT</u> INCLUI	DE TITLE WHEN SIGN	ING PERSO	NAL GUARANTEE)			
FOR VALUE RECEIVED, INCLUD TIMES, FULL AND PROMPT PAY MEAN THAT I WILL PERSONALL	MENT, UPON DEMA	ND, OF ANY INDEBTED	NESS WHIC	H HAS BEEN INCURR	ED UNDER THIS AGE		
DATE:	BY:				_PRINT NAME:		

PRINT NAME:

BY:\_\_\_