



2009 ERO Financial Products Application



PETZ ENTERPRISES, INC.
PO Drawer 611
Tracy, CA 95378-0611

Phone: 209-835-2720
Fax: 209-835-2758
www.petzent.com



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PART I – Company Information

Type of Business: _____ Sole Proprietor _____ Partnership _____ Corporation

Company Name: _____

Primary Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PART II – Ownership Information

Owners Name: _____

Title: _____

Phone: _____ Email: _____

Owners Name: _____

Title: _____

Phone: _____ Email: _____

PART III – Owner Certification

I certify that, I am a principle or partner of the firm indicated above and authorized to sign this Application on its behalf. Under the penalties of perjury, I warrant that the information given in this application is true, correct and complete. Authority is hereby given to the RAL/electronic refund Bank indicated on the application to obtain my firm’s RAL filing, repayment history, banking, trade and credit references, as well as my personal credit history, now and in the future, in connection with my firm’s application to offer RAL’s or electronic refund checks. In addition, I hereby give Petz Enterprises, Inc. authority to share all pertinent ERO information.

Signature(s) required below for *all* principals or partners listed in **Part II - Ownership Information**

X _____
Name (print) Signature Title Date

X _____
Name (print) Signature Title Date

Thank you for becoming a member of the CrossLink Team!



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PART IV – Office/Location Information

User ID Number

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Contact Name: _____

Primary Phone: _____ Fax: _____

Company Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

PART V – Bank Choice

Indicate RAL/electronic refund Bank choice:

Republic Bank Santa Barbara Bank & Trust

PART VI – Fee Deposit Information

Total fees will be sent by the Bank via ACH to the ERO and **will be deposited into the following bank account:**

Please indicate whether this is a checking or savings: Checking Savings

Routing Transit Number (RTN)

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Deposit Account Number (DAN)

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PART VII – EFINs

User ID Number

EFIN Number: _____ **Sub** **Master**

EFIN Holder Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Alt Phone: _____

Fax: _____ Years in Business: _____

EIN: _____ SSN: _____

Date of Birth: _____ Name to be printed on RAL check _____
 (12 Characters Only)