



New Poop Bags Retailer Form

Business Name | _____

Contact Name | _____

Business Street Address | _____

City, State Zip Code | _____

Email Address | _____

Phone Number | _____

Fax Number | _____

Web Address | _____

State | _____

State Sales Tax Permit Number/Business License | _____

Federal Tax Identification Number | _____

Please fax, mail or e-mail completed form with a copy of your State Sales Tax Certificate. Upon receipt, PoopBags will issue you a username and password for RetailPoopBags.com.

Address | 3759 N. Ravenswood Ave. Unit 135B, Chicago, Ill. 60613 **Phone** | 773.929.7667

Email | customerservice@poopbags.com **Fax** | 866.838.6964

