

# North Carolina Food & Drug Protection Division Animal Feed Program

## NEW MANUFACTURER/FIRM ACCOUNT INFORMATION FORM

Please provide contact information in order to keep our records current. This form is for **FIRM** information only, meaning the Manufacturer and/or Guarantor legally responsible for the products. The information on this form should **NOT** include any contact information for 3rd party agents, registrants, etc. If product registration is managed by an agent other than the **FIRM**, please complete “New Agent Relationship Information Form” to submit contact information for 3rd party agents, registrants, etc. in addition to this form in order to complete the registration process.

Please provide **FIRM** information only.

<b>Firm Name*</b>				
<b>Physical Address*</b>				
<b>City</b>	<b>State</b>	<b>Postal Code</b>	<b>County</b>	<b>Country</b>
<b>Main Phone Number*</b>		<b>Website</b>		
<b>Firm Mailing Address</b> <input type="checkbox"/> <b>Check if information is same as above</b>				
<b>City</b>	<b>State</b>	<b>Postal Code</b>	<b>County</b>	<b>Country</b>
<b>Firm Primary Contact Name*</b>		<b>Firm Primary Contact Phone Number &amp; Extension*</b>		
<b>Firm Primary Contact Email Address*</b>				

*\*required field*