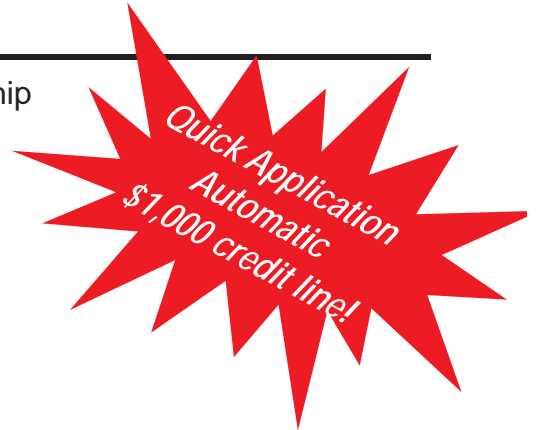




# Quick Application

*You're going to like everything about us...  
just tell us something about  
yourself first.*

Corporation     Partnership     Proprietorship



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Practice Name: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Check If Same as Billing

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Address 1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

License # & State of Issue: \_\_\_\_\_

DEA #: \_\_\_\_\_  
Required to Purchase Controlled Substances

State Sales Tax Exemption Certificate \_\_\_\_\_  
Required for Tax Exempt Entities

For AVSC Use Only:  
HIN#: \_\_\_\_\_

Market Segment : \_\_\_\_\_

\_\_\_\_\_  
*Doctor's Signature*

\_\_\_\_\_  
*Applicant's Signature*

The other terms, conditions and agreements must be signed for this application to be complete.

***Fax and E-mail Permission:***

*Current regulations require your signed permission prior to our faxing/E-mailing any information to you. By signing this application above you are giving us permission to send you requested information, promotional material, and or educational information from AVSC, unless you choose the Opt-Out Box Below.*

- I would like to Opt-Out and **not** receive any Faxes.*
- I would like to Opt-Out and **not** receive any E-Mails.*

*To apply for a higher credit line please fill out the following page with references.*



# Terms, Conditions and Agreements

1. The undersigned understands that American Veterinary Supply Corporation ("Seller") will retain this Application, whether or not it is approved, and that Seller is entitled to consider this Application as a continuing accurate statement of the financial position of Buyer and its owner(s) until notified otherwise by the Buyer.
2. In order for Seller to sell and continue to sell to Buyer, Buyer and its owners represent and warrant that Buyer is solvent and that it pays its obligations as they become due. This preceding representation and warranty will be deemed to be repeated in each purchase by Buyer.
3. The undersigned hereby certify that the information contained herein is complete and accurate and has been willingly supplied by the Buyer. This information has been furnished with the understanding that it is an integral part of the Buyer's application to open an account with Seller. Furthermore, the undersigned authorize the parties listed in this credit application to release necessary information to the Seller in order to verify the information contained herein. A photocopy or facsimile of this document shall have the same force and effect as the signed original.
4. Terms of sale, including time for and terms of payment and charges for each purchase, are agreed to be those specified on the face of each invoice and statement rendered to Buyer by Seller. The Seller is authorized to obtain credit reports on the Buyer's shareholders, partners, officers and/or principals (as the case may be). Should a credit line be granted by Seller, all decisions with respect to the extension, continuation or termination of credit shall be in the sole discretion of Seller.
5. Should it become necessary to employ an attorney to collect payment or to commence suit to enforce payment, the Undersigned Buyer and its owners agree to pay any applicable court costs and a reasonable additional sum as attorney fees.
6. By their signature below Buyer's owner(s), principals and partners each guarantee payment of Seller's invoices to Buyer.

Buyer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature for Buyer: \_\_\_\_\_ Federal Tax ID or Social Security No. \_\_\_\_\_

Signature(s) of Buyer's Owner(s)/Principal(s)

(Print Name: \_\_\_\_\_ ) (Print Name: \_\_\_\_\_ )

Date: \_\_\_\_\_ Date: \_\_\_\_\_

*To apply for a higher credit line please fill out the information below.*

**Applicant's Name:** \_\_\_\_\_

Title: \_\_\_\_\_

**Bank Reference:** \_\_\_\_\_ **Trade References:** \_\_\_\_\_

Bank Name: \_\_\_\_\_ Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Branch Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Account Opened: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Trade 2:** \_\_\_\_\_ **Trade 3:** \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

P.O. Box 9002, Bohemia, NY 11716

Toll Free: 800.869.2510

Phone: 631.218.2850

Fax: 631.389.2536

www.planetvet.com



## ***Credit Card Authorization Form***

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*In order for AVSC to process your credit card payment, please complete the following information:*

Date: \_\_\_\_\_ Customer #: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Credit Card Holder's Name : \_\_\_\_\_

Credit Card Holder's Address: \_\_\_\_\_

Credit Card Type:      Visa              Mastercard              Discover              Amex

Credit Card No: \_\_\_\_\_

Expiration Date : \_\_\_\_\_ Security Code: \* \_\_\_\_\_

***I agree to have the above credit card charges per order placed with AVSC***

\* Last 3 digits on signature panel - Amex front of card

***Signature :*** \_\_\_\_\_

**If you would prefer to be placed on our monthly automatic credit card payment system, please authorize by signing customer approval and circle date you prefer: 5th or 15th**

***Customer Approval :*** \_\_\_\_\_

PLEASE FAX TO 631.389.2536 - Thank You.