



The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any rights under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission.

# CREDIT APPLICATION

<i>(FOR COMPANY USE ONLY)</i>		ACCOUNT NUMBER
DIVISION NUMBER AND LOCATION		SALES REPRESENTATIVE
DATE	APPROVED BY	CREDIT LIMIT \$

BUSINESS INFORMATION (PLEASE PRINT)			
CORPORATE NAME	ADDRESS, CITY, STATE, ZIP CODE		PHONE NUMBER ( ) ( )
D.B.A. NAME (ACCOUNT NAME)	ADDRESS, CITY, STATE, ZIP CODE		FAX NUMBER ( ) ( )
BILL TO ADDRESS, CITY, STATE, ZIP CODE	COUNTY	E-MAIL ADDRESS	OFFICE CONTACT PERSON
SHIP TO ADDRESS, CITY, STATE, ZIP CODE	COUNTY	IS SHIP TO INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HOSPITAL MEMBERS in PRACTICE
CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> L L C <input type="checkbox"/>	YEARS OWNED	LINE of BUSINESS	
		IF PRODUCER NUMBER of ANIMALS	

OWNERSHIP INFORMATION (OFFICERS, PARTNERS OR OWNER MUST BE LISTED)			
TITLE:	NAME:	ADDRESS, CITY, STATE, ZIP CODE	SOCIAL SECURITY #
			DATE of BIRTH
TITLE:	NAME:	ADDRESS, CITY, STATE, ZIP CODE	SOCIAL SECURITY #
			DATE of BIRTH
TITLE:	NAME:	ADDRESS, CITY, STATE, ZIP CODE	SOCIAL SECURITY #
			DATE of BIRTH

REQUIRED DOCUMENTS (A COPY OF ALL CERTIFICATES, LICENSE AND PERMITS MUST ACCOMPANY THIS APPLICATION)				
FEDERAL ID #	TAX EXEMPT CERT. #	STATE	RESALE EXEMPT CERT. #	STATE
DEPT. OF AGRI. LIC. #	STATE	D.V.M. LIC. #	STATE	PHARMACY BD. LIC. #
			STATE	DRUG WHSLE LIC. #
			STATE	STATE

BUSINESS AND BANK REFERENCES			
COMPANY NAME AND ADDRESS	ACCOUNT #	PHONE NUMBER ( ) ( )	FAX NUMBER ( ) ( )
COMPANY NAME AND ADDRESS	ACCOUNT #	PHONE NUMBER ( ) ( )	FAX NUMBER ( ) ( )
BANK & OFFICER'S NAME	ACCOUNT #	PHONE NUMBER ( ) ( )	FAX NUMBER ( ) ( )

PRINT NAME:	SIGNATURE:	TITLE:	DATE:
PRINT NAME:	SIGNATURE:	TITLE:	DATE:

## TERMS AND CONDITIONS

**TERMS:** Terms are net due 30 days from purchase. Past due balances are subject to a finance charge of 16% per annum (or maximum allowed by state law). Seller is under no obligation to sell items to me on credit and may at any time refuse to sell items to me on credit. All invoiced amounts remaining unpaid after thirty (30) days, unless disputed in good faith, shall be deemed past due. Seller must be notified in writing of any disputed amounts within sixty (60) days of invoiced date. If buyer fails to pay any or all of the invoiced amounts when due or if buyers financial status renders seller insecure, seller may immediately without further notice, (i) cancel any remaining orders and suspend sellers performance hereunder and (ii) declare due and payable all amounts except disputed, invoiced by seller to buyer regardless of when such payments would otherwise be due from buyer.

**FINANCE CHARGE:** We compute the finance charge at a periodic rate of one and thirty three on-hundredths (1.33) percent per month, which is an annual percentage rate of sixteen (16) percent applied to the adjusted balance of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. To avoid a finance charge you must pay the total balance due shown on your billing statement by the Fifteenth (15th) day of the month immediately following the billing statement date.

