



6951-L Allentown Blvd
Harrisburg, PA 17112

FAX: 866.638.7260
Office: 717.526.7990

For Office Use:

Account Manager _____ Date: _____

APPLICATION FOR CREDIT

SECTION I: CUSTOMER INFORMATION

Name of Principal Owner or Officer

Name of Practice/Business

DVM License Number (Enclose/Attach Copy)

State(s) Licensed in:

() -
Practice/Business Phone No.

() -
Practice/Business Fax No.

S.S.N./Fed. ID

Billing: Street Address

City

State

County

Zip

Ship to: Street Address

City

State

County

Zip

DEA Form #223 Number (Enclose/Attach Copy)

Tax Exemption Certification Number (Enclose/Attach Copy)

() -
Accounts Payable Contact Name and Phone Number

Email address

Fax Updates: To subscribe to periodic fax updates about price increases, new product info, specials, product shortages, rebates and more, please complete the following: I authorize NEVSCO to send FAXES & specials to my practice.

SECTION II: TERMS OF CREDIT

This application and the information contained herein ("Agreement") is a request for extension of credit from Northeast Veterinary Supply Company, Inc. ("NEVSCO") to the undersigned ("Applicant") for commercial business use only and Applicant certifies that it is doing business as: *(please check one)*

a corporation a partnership a sole proprietorship

Terms of Credit:

- 1% cash discount for current invoices paid by the 10th of the following month, net 30. No cash discounts for credit card payments.
- Applicant authorizes NEVSCO to obtain a written or oral credit report from any credit-reporting agency.
- If credit is extended, Applicant agrees to pay all debt incurred within the terms of sale. However, should Applicant's debts become past due, Applicant agrees to pay all finance charges on past due amount at an interest rate of 1.5% per month (18% Annually) or such lower rate as may be required by applicable law.
- Applicant warrants (I) that the party signing this Agreement on behalf of Applicant has the authority to do so on behalf of Applicant and (II) that the representations of Applicant contained herein are true. By signing this Agreement, Applicant agrees and acknowledges its responsibility to notify NEVSCO immediately in writing upon any change of the information contained herein, including without limitation, (I) the ownership of Applicant or (II) the identity of the financially responsible party under this Agreement.

Authorized Signature

Title

Date

Thank you. We appreciate your interest in our company.