



# CREDIT APPLICATION

T/R _____ I/R _____
CL _____
T/C _____
ACCT: _____
For Penn Vet use only

Credit Department  
 53 Industrial Circle  
 Lancaster, PA 17601  
 Local: 717-656-4121  
 Toll Free: 1-800-233-0210  
 Fax: 717-656-2536

## SECTION 1: ACCOUNT INFORMATION

Practice Name _____			Veterinarian's Name _____		
Mailing Address _____			Shipping Address (If different from billing) _____		
City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____
Phone # _____	Fax # _____	County _____			
E-Mail Address: _____		Purchasing Contact _____		Accounts Payable Contact _____	

Type of Business:  Corporation  Limited  LLC  Partnership  LLP  Individual

P.O. Required? Y \_\_\_ N \_\_\_

Type of Practice:  Small Animal  Equine  Mixed  Large Animal  University  Shelter  Lab  Government  Other: \_\_\_\_\_

## SECTION 2: FAX PERMISSION

Current regulations require your signed permission prior to our faxing any information to you (ie requested invoice copies, product info, etc.). So that you can receive requested information from PVS via fax, please sign below.

Signature (practice owner or authorized employee) \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

As a value added service, PVS occasionally faxes updates to veterinary practices about upcoming product shortages, price increases, new items and specials. Fax updates are generally no more than 1 page per week and you may opt out of future updates at any time. Please indicate your preference to receive these faxes.

Yes, please provide fax updates  No, never send fax updates

## SECTION 3: ONLINE ORDERING ACCESS

To request access to our Secure Online Ordering System, please provide the information below. Please note that access to billing information on our website requires a separate form, signed by the practice owner or veterinarian.

For username and password, please use alphanumeric characters only (no punctuation or spaces). E-Mail address is where order confirmation and promotional e-mails will be sent.

Username #1: \_\_\_\_\_ Password #1: \_\_\_\_\_

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

Receive Weekly Promotional E-Mails? Yes \_\_\_ No \_\_\_

Username #2: \_\_\_\_\_ Password #2: \_\_\_\_\_

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

Receive Weekly Promotional E-Mails? Yes \_\_\_ No \_\_\_

## SECTION 4: AGREEMENT

By signing and submitting this application, I agree on behalf of both the undersigned and the applicant (1) that the statements in this application are true and complete; (2) to inform Penn Veterinary Supply, Inc. (\*PVS\*) in writing of any changes in the name, address, telephone number, or financial condition of the undersigned or applicant as soon as changes occur; (3) to comply with PVS's standard Terms of Sale, (4) to pay invoices when due; balances over 60 days will incur a 1.5% finance fee (5) that PVS will charge a \$20.00 fee on all returned payments. Shipments will be suspended until payment plus fee are satisfied by cashier's check, money order, or credit card payment. (6) To pay reasonable attorney fees and court costs if the account is referred to an attorney for collection. (7) That PVS is authorized from time to time to investigate and update information that I provide and to obtain credit and other information about me from other creditor's and credit reporting agencies, and to provide information about me to other creditors; and that I hereby give the right to request a Business Owner Profile/Small Business Intelliscore. I release all persons, companies, corporations and/or other entities from any and all liability, both actual and potential, arising out of provision of such information; (8) that PVS may decline this application to open an account or for credit, (9) that once PVS has opened an account or granted credit, PVS may close the account or terminate credit at PVS's sole discretion, (10) that after notifying me PVS may change its Terms of Sale and it's credit and collection policies, and that the changes will apply to all transactions and any account balances regardless of whether any purchases or account entries occurred before of after the effective date of the change, and (11) that PVS may file at any time financing statements to perfect PVS's security interest.

X \_\_\_\_\_

Signature of Financially Liable Party \_\_\_\_\_ Print name \_\_\_\_\_ Social Security # \_\_\_\_\_

X \_\_\_\_\_

Signature of Veterinarian submitting license (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

Please fax completed application to 717-656-2536 or mail to P.O. Box 10877, Lancaster, PA 17605-0877 along with:

- Copy of valid State Veterinary License (required)
- DEA License (required for purchase of controlled substances)
- State Sales Tax Exemption Certificate

