



Credit Department  
 53 Industrial Cir, Lancaster, PA 17601  
 Local: 717.656.4121  
 Toll Free: 800.233.0210, Ext 7292  
 Fax: 717.656.2536  
 Email: credit@pennvet.com

Internal Use	
TR	IR
CL	TC
Acct	

# CREDIT APPLICATION

1: ACCOUNT INFORMATION					
Legal Name			Veterinarian's Name		
d/b/a Practice Name					
Mailing Address			Shipping Address (if different)		
City	State	Zip Code	City	State	Zip Code
Phone Number			County		
Email Address			Accounts Payable Contact		
Fax Number			Purchasing Contact		
Type of Business: <input type="checkbox"/> Corporate <input type="checkbox"/> Limited <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual					
Type of Practice: <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed <input type="checkbox"/> Large Animal <input type="checkbox"/> University <input type="checkbox"/> Shelter <input type="checkbox"/> Lab <input type="checkbox"/> Government <input type="checkbox"/> Other					
P.O. Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			Average Annual Inventory Expenditure		

2: FAX PERMISSION	3: ONLINE ORDERING ACCESS
<p>Current regulations require your signed permission prior to our faxing any information to you (i.e. requested invoice copies, product info, etc.) So that you can receive requested information from PVS via fax, please sign below</p> <p>Signature (practice owner or authorized employee)</p> <p>Printed Name</p> <p>Title</p> <p>As a value added service, PVS occasionally faxes updates to veterinary practices about upcoming product shortages, prices 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.</p> <p><input type="checkbox"/> Yes, please provide fax updates      <input type="checkbox"/> No, never send fax updates</p>	<p>Would you like to request ordering access for our website?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If you checked yes:</b></p> <p>Please be sure you provided an e-mail address in Section 1 above. Once your Penn Vet account has been established, you will receive a welcome e-mail that will include a link to an online form for you to complete to finalize your online access. Once you have submitted that form, please allow 1-2 hours (during our normal business hours) for setup to be complete. You will receive a confirmation e-mail from our eCommerce team once your access is set up. If you have any questions, please reach out to our eCommerce team at <a href="mailto:ecommerce@pennvet.com">ecommerce@pennvet.com</a> or 800-233-0210.</p>

4: AGREEMENT	
<p>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 or after the effective date of the change, and (11) that PVS may file at any time financing statements to perfect PVS's security interest.</p>	
Signature of Owner (REQUIRED) <b>SIGN HERE</b>	Signature of Owner #2 (If applicable)
Printed Name of Owner	Printed Name of Owner #2
Social Security # of Owner (REQUIRED)	Social Security # of Owner #2 (REQUIRED)
Employer Identification Number (EIN)	
Signature of Veterinarian submitting license (REQUIRED) <b>SIGN HERE</b>	Federal DEA License # (required for purchase of controlled substance)
Printed Name of Veterinarian submitting license	Date

PLEASE RETURN COMPLETED FORM TO PENN VETERINARY SUPPLY

credit@pennvet.com	717.656.2536	P.O. BOX 8737, LANCASTER, PA 17604
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PLEASE ALSO INCLUDE A COPY OF VALID STATE VETERINARY LICENSE (REQUIRED) AND STATE SALES TAX EXEMPTION CERTIFICATE.



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**RETURN TO:** Credit Department  
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 Fax: 717.656.2536  
 Email: [credit@pennvet.com](mailto:credit@pennvet.com)

# TDDD FORM

<b>TDDD LICENSE INFORMATION</b>	
<p>If your practice is organized in Ohio as a corporation, partnership, limited liability company (LLC), or health care association, <b>and</b> has multiple practitioners (i.e. is not operating as a "sole practitioner"), <b>and</b> you receive dangerous drugs* then your practice <b>MUST</b> have an Ohio Terminal Distributor Drugs License (TDDD). Ohio law imposes monetary fines on physicians (including veterinarians) for violations of the TDDD licensure requirements that pharmaceutical distributors sell only to group practices with a valid TDDD license.</p>	
<b>SOLO PRACTITIONER</b>	
<p>If you are a sole practitioner and not incorporated, you may not need to obtain a TDDD license as long as we have documentation on file establishing that you are exempt. Please contact the Ohio State Board of Pharmacy at 614.466.4143 for more information. Below is a link to the Ohio State Board of Pharmacy website:</p> <p><a href="https://pharmacy.ohio.gov/Default.aspx">https://pharmacy.ohio.gov/Default.aspx</a></p>	
<b>DEFINITION OF DANGEROUS DRUGS</b>	
<p>Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription. This includes: Antibiotics, Sterile saline, Anesthetic injectable products, Insulin, Medical oxygen, as well as Controlled Substances. See ORC 4729.01(F)1.a</p>	
<b>CHECK ONE:</b>	
<input type="checkbox"/> This entity is not required to obtain the Ohio TDDD License. After reviewing the requirements of this permit, we have determined that it will not be necessary for our account to obtain this TDDD license.	
<input type="checkbox"/> Entity listed below has valid TDDD license number. <span style="float: right;">(Please include a copy of the license for Penn Veterinary Supply, Inc. records)</span>	
<input type="checkbox"/> The Penn Veterinary Supply, Inc. account listed below has applied for the TDDD license, but has not received the license yet. (Please include a copy of the TDDD Application for Penn Veterinary Supply, Inc. records.)	
Ohio DVM License #	
Account / Clinic Name	
TDDD License Number (If applicable, pending application, or N/A)	
Designated Responsible Person; Name and Personal License	
Billing Address	
Shipping Address	
Phone Number	Fax Number
Signature	Date



# CUSTOMER PROFILE

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Practice Name	Practice Owner(s)		
Account Number	Number of veterinarians	501c3 Non-Profit <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average number of dogs seen per month	Average number of cats seen per month	Average number of surgeries done per month	
Average number of dental procedures per month	Average amount spent on inventory monthly		
Ordering Contact Name:	Who makes decisions on protocol changes?:		
Ordering Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Hours of Operation:		

**PRODUCT PREFERENCES (PLEASE LIST IN ORDER OF MOST TO LEAST PREFERRED WHERE APPLICABLE)**

Flea/Tick Preventative			
Heartworm Preventative			
Canine Vaccines			
Feline Vaccines			
Anesthetics			
NSAIDs			
Antibiotics			
Take Home Dental			
Shampoos			
Ear Products			
Diagnostic Tests			
Joint Supplements			
Syringes/Needles			
Microchips			
Suture			
Other products you are a fan of			

**SERVICE PREFERENCES**

How do you prefer to be contacted?	<input type="checkbox"/> In person by field rep	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Fax
How do you prefer to order?	<input type="checkbox"/> In person by field rep	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Fax <input type="checkbox"/> Online
Please provide an email address:				
What is your preferred payment method?	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> EFT	<input type="checkbox"/> COD <i>Discounts may be available depending on payment method.</i>
Days you have shorter hours or cannot accept shipments?				
How do your doctors prefer to earn CE credits?				
How do your technicians prefer to earn CE credits?				
Currently, who are your top 3 distributors?				
Most important things in choosing a distributor?				
If you could wave a magic wand and change one thing about your current distributors what would it be and why?				
What services do you currently provider and what do you plan to add?				

**EQUIPMENT WISH LIST**

Item	Time Frame			
	<input type="checkbox"/> ASAP	<input type="checkbox"/> Next 3 months	<input type="checkbox"/> This Year	<input type="checkbox"/> Long-Term
	<input type="checkbox"/> ASAP	<input type="checkbox"/> Next 3 months	<input type="checkbox"/> This Year	<input type="checkbox"/> Long-Term
	<input type="checkbox"/> ASAP	<input type="checkbox"/> Next 3 months	<input type="checkbox"/> This Year	<input type="checkbox"/> Long-Term

Who makes equipment purchasing decisions?

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