



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 of Entity			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
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	Would you like to request ordering access for our website? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature (practice owner or authorized employee)	<p>If you checked yes:</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 ecommerce@pennvet.com or 800-233-0210.</p>
Printed Name	
Title	
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.	
<input type="checkbox"/> Yes, please provide fax updates	<input type="checkbox"/> No, never send fax updates

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) 	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) 	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	 53 INDUSTRIAL CIRCLE, LANCASTER, PA 17601
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PLEASE ALSO INCLUDE A COPY OF VALID STATE VETERINARY LICENSE (REQUIRED) AND STATE SALES TAX EXEMPTION CERTIFICATE.