



## CREDIT APPLICATION

T/R _____	I/R _____
CL _____	
T/C _____	
ACCT: _____	

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

For Penn Vet use only

### SECTION 1: ACCOUNT INFORMATION

Practice Name	Veterinarian's Name		
Mailing Address	City	State	Zip
Shipping Address (if different from mailing)	City	State	Zip
Phone #	Fax #	County	
E-Mail Address	Purchasing Agent	Accounts Payable Contact	

**Type of Business:**  Corporation  Limited  LLC  Partnership  LLP  Individual P.O. Required Y \_\_\_ N \_\_\_

**Practice Type:**  01 – Small Animal  02 – Equine  03 – Mixed  04 – Large Animal  05 - University  06 - SPCA  07 - Lab  
 11 – Government  Other – Please describe \_\_\_\_\_

### 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
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As a value added service, PVS occasionally faxes updates to veterinary practices about upcoming product shortages, pending 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: 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; (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 Applicant	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**

WEB