



Elanco US INC.
 2500 Innovation Way
 Greenfield, IN 46140

ELANCO US INC.
CONFIDENTIAL CREDIT APPLICATION

Customer Information

<input type="text" value="WellHaven PetHealth WA Clinical PC dba"/> Full Legal Business Name*		Please Select An Option*: <input type="text"/>	
<input type="text" value="700 Washington St, Suite 401"/> Street Address*	<input type="text" value="Vancouver"/> City*	<input type="text" value="WA"/> State*	
<input type="text" value="98660"/> Zipcode*	<input type="text" value="360-450-4856"/> Phone Number *	<input type="text" value="accounts payable@wellhaven.com"/> Email Address*	
Years In Business*: <input type="text" value="3.5"/>	Owned/Leased*: <input type="text"/>		

Proprietors, Partners, or Principal Shareholders:

<input type="text"/> Full Name*	<input type="text"/> Address (Street, City, State, Zipcode)*	<input type="text"/> Veterinarian License # (Please Attach)
<input type="text"/> Full Name	<input type="text"/> Address (Street, City, State, Zipcode)	<input type="text"/> Veterinarian License # (Please Attach)

If there are more than 2 Proprietors, Partners or Principal Shareholders Please Contact Prior To Completing Application

Tax Exempt?* *If YES Please Attach Certificate Tax ID # **(Enter With No Dashes)**:

Please Provide One General Contact And One Contact For Accounts Payable

Contact Person (General):	<input type="text"/> Full Name*	<input type="text"/> Email*	<input type="text"/> Phone Number*
Contact Person (Accounts Payable) :	<input type="text" value="Gretchen Riley"/> Full Name*	<input type="text" value="accounts payable@wellhaven.com"/> Email*	<input type="text" value="360-450-4856"/> Phone Number*
Contact Person (Accounts Payable) :	<input type="text" value="Debbie Meisner"/> Full Name*	<input type="text" value="accounts payable@wellhaven.com"/> Email*	<input type="text" value="360-768-1849"/> Phone Number*

Elanco Is Able To Provide Invoices And Monthly Account Statements Via Email.

Do You Consent To Electronic Invoicing And Account Statements?

If **YES** Please Provide Email Address:

Please complete all fields above marked with a *. When returning this credit application, please enclose a printed signed copy along with this digital excel file. Please include copies of your Tax Exempt Certificate **(If Necessary)**, Vet License **(Required For All New Accounts)**. For any questions regarding this credit application please call **(1-800-782-8977)**. Any missing documentation will result in delays in creating and placing your first order. Please email the completed application to **elancovet@elanco.com**

Bank Reference (Required)*

Bank Name:	<input type="text" value="Bank of America"/>	Account #*:	<input type="text" value="138123121398"/>	Bank Routing*:	<input type="text" value="125000024"/>	
City:	<input type="text" value="Vancouver"/>	State:	<input type="text" value="WA"/>	Zip:	<input type="text" value="98660"/>	
Contact Information:	Name*:	<input type="text" value="Joe Plucinak"/>	Email*:	<input type="text" value="joe.plucinak@bofa.com"/>	Phone*:	<input type="text" value="360-253-2425"/>

I hereby authorize the bank named herein to release information requested for the purpose of obtaining and/or reviewing my company's credit from time to time.*

Authorized Signature*:	<input type="text" value="James F King"/> <small>James F King (Mar 9, 2021 20:20 EST)</small>	Title*:	<input type="text" value="Sr VP Finance"/>
Date*:	<input type="text" value="Mar 9, 2021"/>		

Trade References (Required)*

Trade Reference 1:	Name:	<input type="text" value="See Attached"/>	Address:	<input type="text"/>
	Phone:	<input type="text"/>	Email:	<input type="text"/>
Trade Reference 2:	Name:	<input type="text"/>	Address:	<input type="text"/>
	Phone:	<input type="text"/>	Email:	<input type="text"/>
Trade Reference 3:	Name:	<input type="text"/>	Address:	<input type="text"/>
	Phone:	<input type="text"/>	Email:	<input type="text"/>

Please enter both shipping and billing address locations below. If there are more than 2 shipping or billing locations please call (1-800-782-8977).

Shipping Location 1:**Billing Information 1:**Street Address: Street Address: City: State: City: State: Zip Code: Zip Code: Contact Name: Contact Name: Telephone: Telephone: Fax: Fax: Email: Email: **Shipping Location 2:****Billing Information 2:**Street Address: Street Address: City: State: City: State: Zip Code: Zip Code: Contact Name: Contact Name: Telephone: Telephone: Fax: Fax: Email: Email: **Contact Information****Accounts Receivable:**1-800-782-8977 Option 2
ELANCO_AR@elanco.com**Order Management/Shipping/Claims:**800.782.8977 Option 1
elancocs@elanco.com**Check Payment Address:**Elanco US Inc
28576 Network Place
Chicago, IL 60673-1254**For Overnight Check Payments:**Attn: Elanco US Inc. - Lockbox 28576
131 South Dearborn, 6th Floor
Chicago, Illinois 60603**For Electronic Payments And Transfers Please Use:**Elanco US Inc
Account Number 700604296
JPMorgan Chase Bank
Routing 021000021
SWIFT: CHASUS33

ELANCO US INC. CREDIT TERMS AND CONDITIONS

Applicant agrees that this request is for the extension of credit for business purposes only and is not intended for the extension of credit for personal, family, or household purposes. By submitting this application and agreement, including any financial statements and additional information, the entity identified above ("Customer") is applying to Elanco US Inc ("Vendor") to obtain trade credit. By the signature below, the Undersigned represents that Customer is a valid business entity and that the Undersigned is an authorized representative of Customer with authority to enter into contractual agreements. Customer agrees to notify the Vendor in writing of any change in ownership, the name, or the business structure under which credit is established and this credit application is completed.

The Undersigned agrees that all sales of Vendor products to Customer shall be governed by Vendor's terms and conditions of sale as enclosed with this credit application and stated on the account statement on a quarterly basis, or as otherwise communicated to Customer. As defined in the terms and conditions, customer agrees to make payment in full to vendor for all amounts due on or before the net due date. A service charge of one and one half percent (1-1/2%) per month, or eighteen percent (18%) per annum applies for all late payments and outstanding balances. The Customer agrees to the Vendors returns and claims policy as stated in the terms and conditions, and agrees that the policy may be revised with due notice to the Customer.

Applicant further expressly agrees that it shall be liable and pay all attorneys' fees, collection costs and court fees, and any other expenses, whether or not incurred in connection with litigation, including but not limited to attorneys' fees and costs associated with the enforcement of any of the terms of this Application and attorneys' fees and costs resulting from a default under this Application. Applicant agrees that all issues and disputes relating to any credit arrangement extended hereunder shall be governed in accordance with a competent jurisdiction chosen at the discretion of Elanco US Inc. and that the Applicant expressly waives its venue rights without reference to conflicts of laws principles. This agreement is not transferable or assignable without prior written consent of Vendor.

The applicant(s) authorizes Elanco US Inc. to contact any and all references, persons, banks, companies, and suppliers identified in the application to obtain credit information for the purpose of evaluating the applicant's credit worthiness and the terms and conditions of any agreement to extend credit to the applicant(s). The applicant(s) hereby authorizes each identified person or reference to release all information within its possession pertaining to the applicant(s) that may be requested by Elanco US Inc. and its subsidiaries. The applicant(s) also authorizes Elanco US Inc and its affiliates to disclose credit information concerning the applicant(s) to any credit reporting agency, bank or trade supplier upon request.

On behalf of Customer, the undersigned certifies that all information provided in connection with this application is, and that all information subsequently provided to Vendor in connection with this application or the credit extended to Customer by Vendor shall be, true and correct in all material respects and the undersigned acknowledges that Vendor will be relying on such information with respect to making decisions regarding Customer's terms and credit.

The undersigned hereby consents to Vendor obtaining information about the Customer and the undersigned personally from credit reporting agencies and other sources Vendor deems appropriate in considering this application and subsequently for purposes of updates, renewals, or extensions of credit granted as a result of this application or in reviewing or collecting Customer's account.

The undersigned acknowledges that Vendor reserves its right, at its sole discretion and without notice, to decline, change, or revoke the terms of credit provided to Customer, and cancel all available credit and refuse to make future advances.

Authorized Signature – "The person executing this agreement has authority to bind the customer and is authorized by the customer to enter into the sales/credit application terms and conditions set fourth by the vendor."

Date:

By:

Robert Lester, DVM (Mar 9, 2021 11:18 PST)

Signature

(Printed Name)

(Printed Title)









Elanco Credit Application-Entyce and Nocita-WA

Final Audit Report

2021-03-10

Created:	2021-03-09
By:	Gretchen Riley (gretchen.riley@wellhaven.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvCsIhvvMz1vaMCdJfF_CR6ZSmi3r_j

"Elanco Credit Application-Entyce and Nocita- WA" History

-  Document created by Gretchen Riley (gretchen.riley@wellhaven.com)
2021-03-09 - 4:44:00 PM GMT- IP address: 63.239.9.251
-  Document emailed to Robert Lester, DVM (bob.lesterdvm@wellhaven.com) for signature
2021-03-09 - 4:45:06 PM GMT
-  Email viewed by Robert Lester, DVM (bob.lesterdvm@wellhaven.com)
2021-03-09 - 7:17:10 PM GMT- IP address: 76.115.109.12
-  Document e-signed by Robert Lester, DVM (bob.lesterdvm@wellhaven.com)
Signature Date: 2021-03-09 - 7:18:34 PM GMT - Time Source: server- IP address: 76.115.109.12
-  Document emailed to James F King (jim.king@wellhaven.com) for signature
2021-03-09 - 7:18:41 PM GMT
-  Email viewed by James F King (jim.king@wellhaven.com)
2021-03-10 - 1:20:24 AM GMT- IP address: 108.200.161.105
-  Document e-signed by James F King (jim.king@wellhaven.com)
Signature Date: 2021-03-10 - 1:20:38 AM GMT - Time Source: server- IP address: 108.200.161.105
-  Agreement completed.
2021-03-10 - 1:20:38 AM GMT