



CUSTOMER ACCOUNT APPLICATION

MILLER VETERINARY SUPPLY
1125 Industrial Road, West Point, NE 68788
(855)645-7838 F: (855)220-1440
www.millervet.supply

OSR _____ ISR _____ Web Order

ACCOUNT APPLICATION

PAYMENT OPTIONS

WellHaven Pet Health dba

Clinic Name

Veterinarian's Name

700 Washington St, Suite 401

360-450-4856

Mailing Address

Phone

Vancouver, WA 98660

City, State, Zip

Fax

Shipping Address (if different than mailing)

County

City, State, Zip

In City Limits

Out of City Limits

accountspayable@wellhaven.com

Billing Email

Federal Tax ID # 82-2661779

Please submit copies of the following documents with your applications. Miller Veterinary Supply must have clear copies of these documents on file to avoid any delays in the application process.

- State Veterinary License Number _____
- DEA License Number _____
- State DEA License Number _____
- State Resale Exemption Certificate _____
- HCCE Permit (FL only if applicable) _____

Purchase Order # Required? Yes No

Primary Contact Person: _____

Practice Type: (please check all that apply)

- Small Animal Large Animal Equine Only
- Feline Only Mixed Practice Government Institution
- Research Institution Teaching Institution Other _____

Type of Business

- Corporation Individual LLP
- Partnership LLC Other _____
- Organization:
- 501(c)(3) 509(a)(1) 509(a)(2) 509(a)(3) Other _____

FAX AND EMAIL PERMISSSION

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

Fax Number (if different from above)

Email (if different from above)

Signature (practice owner or authorized employee)

Date

Printed Name

Title

As an added service, Miller occasionally faxed and emails updates to veterinary practices about upcoming product shortages, pending price increases, new items and specials. You may opt out of future fax and email updates at any time.

Yes, please provide fax and email updates. No, never send fax and email updates.

Preferred Contact Method: _____

Please select one:

Net EOM ACH Daily Credit Card Monthly Credit Card

Credit Card Information: (if applicable)

Card Holder Name: _____

Billing Address: _____

Signature: _____

Credit Card Number: _____

Exp. _____

CVC _____

Date: _____ Code: _____ VISA MC AMEX DISCOVER

AGREEMENT

By signing and submitting this application, I agree on behalf of both the under-signed and the applicant: (1) that the statements in this application are true and complete; (2) to inform Miller Veterinary Holdings, LLC in writing of any changes in the name, address, telephone number or financial condition of the undersigned or applicant as soon as the changes occur; (3) TO PAY INVOICES WHEN DUE; (4) to pay interest not to exceed 1.50% per month (compounded monthly) (an annual percentage rate of 18%) on past due accounts; (5) to pay reasonable attorney fees and court costs if the account is referred to an attorney for collection; (6) that Miller 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 creditors and credit reporting agencies, and to provide information about me to other creditors; (7) that Miller may decline this application to open an account or for credit; (8) that once Miller has opened an account or granted credit, Miller may close the account or terminate the credit at Miller's sole discretion; (9) that after notifying me, Miller may change its Terms of Sale and its credit and collection policies, and that the changes will apply to all transactions and any account balances regardless whether any purchases or account entries occurred before or after the effective date of the change; and (10) that Miller may file, at any time, financing statements to protect Miller's security interest.

WellHaven Pet Health
WellHaven Pet Health (Mar 11, 2014 11:39 CST)

Signature of Applicant

Print Name

Date

Telephone Number

Driver's License Number

Street Address

City, State, Zip

PERSONAL GUARANTY BY FINANCIALLY RESPONSIBLE PARTY

If applicant for credit is doing business in a form other than as an individual, then a principal of the applicant, by signing below, agrees: (1) to personally, absolutely and unconditionally guarantee and promise to pay Miller all obligations owed to Miller by applicant, now existing or hereafter incurred, including by not limited to, all purchases, interest, attorney fees and costs; (2) that Miller may seek payment from the guarantor without first seeking payment or recovery from any other source; (3) that Miller is authorized, from time to time, to obtain credit and other information about the guarantor from other creditors and credit reporting agencies, and to provide information about the guarantor to other creditors; (4) that guarantor consents to the Terms of Sale on the reverse of or linked to this guaranty; (5) that all disputes between Miller and guarantor, including but not limited to actions to enforce this guaranty, shall be commenced in state or federal court in Fairview, NJ; (6) That guarantor expressly submits to the jurisdiction and venue of the state and federal courts in Fairview, NJ; and (7) that Miller may change Miller's Terms of Sale or credit and collection policies without notice to or consent of guarantor and without lessening guarantor's liability under this guaranty.

WellHaven Pet Health
WellHaven Pet Health (Mar 11, 2014 11:39 CST)

Signature of Guarantor

Print Name

Date

Telephone Number

Driver's License Number

Street Address

City, State, Zip

03.05.20



MILLER VETERINARY HOLDINGS, LLC
DBA MILLER VETERINARY SUPPLY
VETERINARY CONSENT FORM

Dear _____,

Veterinarian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Miller Veterinary Holdings, LLC has been notified that you have authorized _____ to use your veterinary license to order products that require a license to purchase.

If this arrangement is satisfactory, please sign below and mail to Miller Veterinary Holdings, LLC at: 1125 Industrial Road, West Point, NE 68788 or fax to 855.331.1641.

We appreciate your cooperation in helping insure that there are no unauthorized uses of your name of professional licenses.

_____ has my authorization to use my veterinary license to order products that require a license to purchase.

WellHaven Pet Health dba
Clinic Name _____

Vet License - State _____

Address _____

License Number _____

Phone Number _____

Dr. Signature _____

Printed Name _____

Date _____



1125 Industrial Road
West Point, NE 68788
tel: 1.855.645.7838
millerveteast.com



MILLER VETERINARY HOLDINGS, LLC

DBA MILLER VETERINARY SUPPLY

DEA "KNOW YOUR CUSTOMER" DUE DILIGENCE FORM

The Code of Federal Regulations, 21CFR Part 1301.74(b) requires distributors of controlled substances to design and operate a system to identify suspicious orders. Suspicious orders may include those of unusual size, deviating substantially from a normal historical pattern, and/or orders of unusual frequency. The following "Know Your Customer" survey allows Miller Vet Holdings to obtain the necessary data to reasonably review your controlled substance activities and to assist you in protecting your interests as well. Because this is a requirement of the DEA, controlled substance orders may not be placed until this one page survey has been completed in full and reviewed by the Miller Accounting Department which handles account maintenance.

DEA Registrant Name	
DEA Registration #	
DEA Registration Address	
DEA Registration City, St, Zip	
MVS Acct # (if applicable)	

Survey Questions:

1. Is any person other than the DEA registrant authorized to sign 222 blanks for this registrant? If yes, please provide the printed names and a copy of a properly executed power of attorney granting this authorization.

2. Total number of practitioners at this location: _____

3. Is the controlled substance activity for the entire clinic or just the individual registrant? Is the registrant the responsible person for all record keeping and inventories? If not, please explain process and identify the responsible person.

4. Patient Mix by % (Total should equal 100%)

Companion _____ Food Animal _____ Equine _____ Swine _____ Other _____

5. Practice Type

Traditional Clinic Emergency Clinic Mobile Research Other _____

a) Normal days/hours of operation? _____

b) Average number of patients treated per day? _____

c) Of the average patients treated daily how many receive controlled substances? _____

6. Typical ordering pattern for controlled substances?

Daily Weekly Monthly Other (explain) _____

7. Is Miller Vet Supply your sole supplier of controlled substance?

Yes No

If not sole supplier, how many other suppliers to you order controlled substances from?

8. Your controlled substance purchases:

a) What are your Top 3 dispensed to your patients? _____

b) What are your Top 3 administered to your patients? _____

I attest that the information provided in the above "know your customer survey" is true and accurate to the best of my knowledge.

DEA Registrant Signature and Date






Miller Vet Supply- Application- CO

Final Audit Report

2021-03-11

Created:	2021-03-10
By:	Gretchen Riley (gretchen.riley@wellhaven.com)
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"Miller Vet Supply- Application- CO" History

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