

Veterinary Express Application



800.896.8873 855.854.3922 NewAccount@mwiah.com P.O. Box 5717, Boise, ID 83705

Account Information

WellHaven Pet Health

Legal Name of Business

AAHA Member?

Yes No
AAHA Member ID

Doing Business As

Veterinarian's Name

Phone

Fax

700 Washington Street Suite 401

Mailing Address

In City Limits Out of City Limits

Vancouver WA 98660 Clark
City State Zip County

Shipping Address (if different than mailing - no P.O. Box)

City State Zip County

State Veterinary License Number (MUST SUBMIT COPY)

NA

Social Security Number

DEA License Number (MUST SUBMIT COPY IF PURCHASING CONTROLLED SUBSTANCES)

Federal Tax ID No.

Number of Full Time Veterinarians (ENTER "0" IF THIS IS A SECONDARY ACCOUNT)

MWI Territory Manager's Name

Type of Business

Corporation Partnership Limited LLC LLP Individual

Contact Preferences

Practice Type (Please check all that apply)

Small Animal Equine Beef Dairy Swine Poultry Other

Primary contact person: Phone: Email:

Secondary contact person: Phone: Email:

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 MWI via fax, please sign below:

Fax number (if different from above)

X _____

Signature (practice owner or authorized employee)

Robert Lester DVM

Printed Name

Date

7-17-19

Title

As a value added service, we occasionally fax 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 & you may permanently opt out of future fax updates at any time. Please indicate your preference to receive these faxes:

Please indicate your preference:

Yes, please provide fax updates No, never send fax updates

Please sign and complete the agreement on page 2.

Required Copies of Documents

- | | |
|--|---|
| <input checked="" type="checkbox"/> State Veterinary License (copy required to open an account)
<input type="checkbox"/> State Controlled Drug License (if applicable)
<input checked="" type="checkbox"/> DEA License/DEA Due Diligence Documentation | <input type="checkbox"/> Additional State Requirement Documentation
<input checked="" type="checkbox"/> State Sales Tax Exemption Certificate (we must charge sales tax unless we have a copy of your Exemption Certificate with Tax Classification Sheet) |
|--|---|

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 MWI Veterinary Supply Co. ("MWI") 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 comply with, and that all purchases of products from MWI will be governed by, the MWI's standard Terms of Sale which are available at www.mwiah.com/Terms-of-Sale and are incorporated into this Agreement by reference and shall have the same effect as though fully set forth herein; (4) TO PAY INVOICES WHEN DUE; (5) to pay interest not to exceed the lesser of (i) 1.50% per month (compounded monthly) (an annual percentage rate of 18%), or (ii) the highest amount permitted by law on past due accounts; (6) to pay reasonable attorney fees and court costs if the account is referred to an attorney for collection; (7) that MWI 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; (8) that MWI may decline this application to open an account or for credit, (9) that once MWI has opened an account or granted credit, MWI may close the account or terminate the credit at MWI's sole discretion, (10) that after notifying me MWI may change 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 (11) that MWI may file at any time financing statements to perfect MWI's security interest.

Robert Lester DVM 7-17-19
Robert Lester DVM (Jul 17, 2019)
 X _____
 Signature of applicant (REQUIRED) Date

Robert Lester

 Print Name

X _____
 Signature of Veterinarian submitting license (REQUIRED) Date

Print Name

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 to MWI all obligations owed to MWI by applicant, now existing or hereafter incurred, including but not limited to all purchases, interest, attorney fees and collection and court costs; (2) that MWI may seek payment from the guarantor without first seeking payment or recovery from any other source; (3) that MWI 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 MWI's Terms of Sale which are available at www.mwiah.com/Terms-of-Sale and are incorporated into this guaranty by reference herein; (5) that all disputes between MWI and guarantor, including but not limited to actions to enforce this guaranty, may be commenced in state or federal court in Boise, Idaho; (6) that guarantor expressly submits to the jurisdiction and venue of the state and federal courts in Boise, Idaho; and (7) that MWI may change MWI'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.

Robert Lester DVM 7-17-19
Robert Lester DVM (Jul 17, 2019)
 X _____
 Signature of guarantor (REQUIRED) Date

Robert Lester DVM

 Print Name

700 Washington Street Suite 401	Social Security Number Vancouver	WA	Phone 98660
Street Address	City	State	Zip

Any and all purchases of products by me from MWI will be subject to and governed by the MWI Terms of Sale (located at www.mwiah.com/Terms-of-Sale) as in effect on the date of purchase, which are incorporated herein by reference. I certify that I have read, agree to and intend to be bound by such MWI Terms of Sale. MWI may, in its sole discretion, revise the MWI Terms of Sale at any time by posting the revised Terms of Sale on its website. All changes to the MWI Terms of Sale will apply to any purchases of products by me that occur on or after the effective date of the change.

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" Due Diligence Form allows MWI 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 form has been completed in full and reviewed by the MWI Credit Department which handles account maintenance.

I. DEA Registrant Information

DEA Registrant Name _____ DEA Registration # _____

DEA Registration Address _____

City/State/Zip _____

MWI Animal Health Account Number & Name _____

II. Include a copy of the current DEA registration.

III. Due Diligence

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?

Entire Clinic Individual Registrant

Is the registrant the responsible person for all recordkeeping 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 _____

Normal days/hours of operation: _____ Average number of patients treated per day: _____

6. Typical ordering pattern for controlled substances: Daily Weekly Monthly Other (Explain) _____

7. Is MWI Animal Health your sole supplier of controlled substances? Yes No

Do you intend to purchase from other distributors? Yes No

I attest that the information provided in the above "Know Your Customer" Due Diligence Form is true and accurate to the best of my knowledge.

DEA Registrant Signature _____ Date _____ Printed Name of DEA Registrant _____

IV. Return Completed Form to MWI Animal Health

✉ NewAccount@mwiah.com 📞 855.854.3922 🏠 P.O. Box 5717, Boise, ID 83705

? Contact MWI Animal Health Credit 📞 800.896.8873