

# UPDATE ACCT #

# Veterinary Express Application



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

## Account Information

### AAHA Member?

Yes \_\_\_\_\_ No \_\_\_\_\_  
AAHA Member ID \_\_\_\_\_

Legal Name of Business \_\_\_\_\_

Doing Business As \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

In City Limits \_\_\_\_\_ Out of City Limits \_\_\_\_\_

Mailing Address \_\_\_\_\_

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) \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_

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

### 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)

Date

Printed Name

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 type="checkbox"/> State Veterinary License (copy required to open an account)<br><input type="checkbox"/> State Controlled Drug License (if applicable)<br><input type="checkbox"/> DEA License/DEA Due Dilligence Documentation | <input type="checkbox"/> Additional State Requirement Documentation<br><input 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) |
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**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](http://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.

X \_\_\_\_\_  
 Signature of applicant **(REQUIRED)** Date

\_\_\_\_\_  
 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](http://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.

X \_\_\_\_\_  
 Signature of guarantor **(REQUIRED)** Date

\_\_\_\_\_  
 Print Name Social Security Number Phone

\_\_\_\_\_  
 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](http://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.**

# Additional State Requirements for Veterinary Customers

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If you or your clinic is based in one of the below states, you may have additional licensing or permit requirements before MWI can fully service your account. If you are not based in one of the below states and/or do not intend to purchase Rx or controlled substances, then please disregard this part of the package and continue with your application as normal.

Note that the below links are provided for information and demonstrative purposes only and not intended to be an exhaustive catalogue of state level requirements. Applicants are requested to verify all requirements with the state board of veterinary medicine, state boards of pharmacy and/or state board of medicine (as appropriate).

**1** – If you are based in one of the below listed states **and** intend to purchase controlled substances, MWI is required by Federal and State law to have on file both your Federal DEA Registration and your state-level Controlled substance license. Please see your local regulatory body (from the below list) for further details.

**2** – If you are based in California **and** intend to ship Rx products to an address not already licensed by your personal license or your DEA registration, then you are required by CA law to obtain a Premise license for that address. Please see the CA Board of Pharmacy and/or the CA Veterinary Medicine Board for further details.

**3** – If you are based in Florida **and** are purchasing Rx products as a corporate entity **with** a FEIN number, you are required by FL law to obtain a Health Care Clinic Establishment permit in the name of the corporate entity. Please see the FL Department of Professional and Business regulation for further details. Please complete the Florida Account Setup Form located in the New Application page of the MWI Animal Health website.

**4** – If you are based in Ohio **and** are purchasing “Dangerous Drugs” as defined by Ohio State Revised Code Article 4729.01 Paragraph F (including Rx items and Injectables) **and** are not a sole practitioner, you are required by OH law to obtain a Terminal Distributor of Dangerous Drug permit. Please see the OH Board of Pharmacy for further details. Please complete the OH Account Setup Form located in the New Application page of the MWI Animal Health website.

	<b>State</b>	<b>State Regulatory Authority</b>	<b>State License</b>
1	AL	<a href="#">Alabama State Board of Veterinary Medical Examiners</a>	AL State CS Registration Certificate
2	CA	<a href="#">California Veterinary Medicine Board</a>	Veterinary Premise
1	CT	<a href="#">Connecticut Department of Consumer Protection</a>	CS Practitioner Registration
1	DC	<a href="#">District of Columbia Department of Health</a>	CS Registration
1	DE	<a href="#">Delaware Division of Professional Regulation</a>	CS Registration
3	FL	<a href="#">Florida Department of Business &amp; Professional Regulation</a>	HCCE Permit
1	HI	<a href="#">Hawaii Dept. of Public Safety, Narcotics Enforcement Division</a>	CS Registration
1	IA	<a href="#">Iowa Board of Pharmacy</a>	CS Registration
1	ID	<a href="#">Idaho State Board of Pharmacy</a>	CS Registration
1	IL	<a href="#">Illinois Department of Financial &amp; Professional Regulation</a>	CS Registration
1	IN	<a href="#">Indiana Board of Veterinary Medicine</a>	CS Registration
1	LA	<a href="#">Louisiana Board of Pharmacy</a>	CDS License
1	MA	<a href="#">Massachusetts Office of Health and Human Services</a>	MA CS Registration
1	MD	<a href="#">Maryland Department of Health and Mental Hygiene</a>	CDS License
1	MI	<a href="#">Michigan Department of Licensing and Regulatory Affairs</a>	CS License
1	MO	<a href="#">Missouri Department of Health and Senior Services</a>	Narcotics and Dangerous Drugs Registration
1	NJ	<a href="#">New Jersey Office of the Attorney General, Division of Consumer Affairs</a>	CDS Registration
1	NM	<a href="#">New Mexico Board of Pharmacy</a>	CS Registration
1	NV	<a href="#">Nevada Board of Pharmacy</a>	CS Registration
4	OH	<a href="#">Ohio Board of Pharmacy</a>	TDDD Permit
1	OK	<a href="#">Oklahoma Bureau of Narcotics and Dangerous Drugs Control</a>	OK Bureau of Narcotics Registration
1	RI	<a href="#">Rhode Island Department of Health</a>	CS Registration
1	SC	<a href="#">South Carolina Dept. of Health and Environmental Control</a>	CS Registration
1	SD	<a href="#">South Dakota Department of Health</a>	CS Registration
1	TX	<a href="#">Texas Department of Public Safety</a>	CS Registration
1	UT	<a href="#">Utah Division of Occupational and Professional Licensing</a>	CS Handler Individual/Facility
1	WY	<a href="#">Wyoming State Board of Pharmacy</a>	CS Registration

CS = Controlled Substance

CDS = Controlled Dangerous Substance

# 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
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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

# Automated Clearing House (ACH) Authorization



## I. Authorization

I (we) \_\_\_\_\_ authorize MWI Veterinary Supply Co. to initiate debit entries to my (our) checking account indicated below at the depository named below hereinafter called DEPOSITORY to debit the same to such account (**please check one**):

- · Daily: This payment will settle invoices from the previous business day the following day.
- · Weekly: This payment will settle invoices from the previous week on \_\_\_\_\_ (specify weekday, M-F).
- · Monthly: This payment will settle invoices from the previous statement on the 10th of each month.

## II. MWI Account information

MWI Account Number \_\_\_\_\_ Business Name \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## III. Bank Account Information

Name of Bank \_\_\_\_\_

City/State/Zip \_\_\_\_\_

ABA/Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until MWI Animal Health has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MWI Animal Health and Depository a reasonable opportunity to act on it.

Name  
Address  
City, State Zip Phone

Pay to the  
Order of

Bank Name

For

123456789 : 123456789000 : 1234

Routing Number 9 digits      Account Number      Check Number

Check #1234

Date \_\_\_\_\_

\$ \_\_\_\_\_ Dollars

Please provide a  
VOIDED check  
with this form.

Authorizing Signature \_\_\_\_\_

**AUTHORIZING SIGNATURE MUST BE AN AUTHORIZED SIGNATURE ON THE BANK ACCOUNT GIVEN ABOVE**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. Please be aware that should funds not be available in your account at the time of electronic transfer, your MWI Account could be placed on hold. We require two business days notice if payment is not to be made through the ACH Debit Program for a given month.

## III. 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

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