



1520 Pineview Road  
Columbia, SC 29209  
Tel: 800.845.0411  
Fax: 800.535.3654  
www.MerrittVet.com

# CUSTOMER ACCOUNT APPLICATION

## ACCOUNT INFORMATION

\_\_\_\_\_  
Clinic Name

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

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Shipping Address (if different than mailing)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Federal Tax ID #

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
County

In City Limits  Out of City Limits

**Please submit copies of the following documents with your application. Merritt 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 Resale Exemption Certificate \_\_\_\_\_

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 PERMISSION

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

\_\_\_\_\_  
Fax number (if different from above)

X  
\_\_\_\_\_  
Signature (practice owner or authorized employee) Date

\_\_\_\_\_  
Printed Name Title

As an added service, Merritt 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 fax updates at any time. Please indicate your preference to receive these faxes:

YES, please provide fax updates.  NO, never send fax updates.

## PAYMENT OPTIONS

Please select one:

Net EOM  COD  Daily Credit Card  Monthly Credit Card

Credit Card Information: (if applicable)

Card Holder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_  VISA  MASTERCARD  AMERICAN EXPRESS

## 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 Merritt Veterinary Supplies, Inc. (Merritt) 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 Merritt 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 Merritt may decline this application to open an account or for credit; (8) that once Merritt has opened an account or granted credit, Merritt may close the account or terminate the credit at Merritt's sole discretion; (9) that after notifying me, Merritt 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 Merritt may file, at any time, financing statements to protect Merritt's security interest.

X  
\_\_\_\_\_  
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 Merritt all obligations owed to Merritt by applicant, now existing or hereafter incurred, including by not limited to, all purchases, interest, attorney fees and costs; (2) that Merritt may seek payment from the guarantor without first seeking payment or recovery from any other source; (3) that Merritt 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 Merritt and guarantor, including but not limited to actions to enforce this guaranty, shall be commenced in state or federal court in Columbia, SC; (6) That guarantor expressly submits to the jurisdiction and venue of the state and federal courts in Columbia, SC; and (7) that Merritt may change Merritt'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 Print Name Date

\_\_\_\_\_  
Telephone Number Driver's License Number

\_\_\_\_\_  
Street Address City, State, Zip