

Government/Municipality, University, Research and Non-profit application

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AmerisourceBergen

MWI Animal Health®

Account information

Account name _____

Veterinarian or PI name _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Shipping address (no P.O. box) _____

City _____ State _____ Zip _____

County _____

Business type:

University

Non-profit

Government

Military

Other _____

Check all that apply:

Research

Instructional

Other _____

Federal tax ID no. _____

State veterinary license number or DEA license number - must submit copy

Contact preferences

Primary contact name _____

Accounts payable contact name _____

Phone _____ Fax _____

Phone _____ Fax _____

Email _____

Email _____

Required copies of documents

State veterinary license (copy required to open an account) or (if no veterinarian on staff) a facility of researcher DEA license

DEA license DEA due diligence documentation

State controlled drug license (if applicable)

Sales tax exemption certificate (we must charge sales tax unless we have a copy of our Exemption certificate with tax classification sheet)

Payment options

Purchase order

Purchasing card

ACH

Electronic funds transfer

Wire

Other _____

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. As a retail or wholesale customer, I agree to the terms of MWI's VetOne Reseller Policy. I acknowledge that MWI has adopted a unilateral Minimum Advertised Price (MAP) Policy for its VetOne products, and MWI does not seek my agreement, or any assurance of compliance, with the MAP Policy. The VetOne Reseller Policy and MAP Policy can be found at <https://www.mwiah.com/terms-and-policies>.

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 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

Signature of applicant _____

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.

Signature of veterinarian or DEA holder _____

Printed name _____ Date _____

Printed name _____ Date _____

Additional state requirements for veterinary customers

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.

	State	State regulatory authority	State License
1	Alabama	Alabama State Board of Veterinary Medical Examiners	AL State CS Registration Certificate
2	California	California Veterinary Medicine Board	Veterinary Premise
1	Connecticut	Connecticut Department of Consumer Protection	CS Practitioner Registration
1	District of Columbia	District of Columbia Department of Health	CS Registration
1	Delaware	Delaware Division of Professional Regulation	CS Registration
3	Florida	Florida Department of Business & Professional Regulation	HCCE Permit
1	Hawaii	Hawaii Department of Public Safety, Narcotics Enforcement Division	CS Registration
1	Iowa	Iowa Board of Pharmacy	CS Registration
1	Idaho	Idaho State Board of Pharmacy	CS Registration
1	Illinois	Illinois Department of Financial & Professional Regulation	CS Registration
1	Indiana	Indiana Board of Veterinary Medicine	CS Registration
1	Louisiana	Louisiana Board of Pharmacy	CDS License
1	Massachusetts	Massachusetts Office of Health and Human Services	MA CS Registration
1	Maryland	Maryland Department of Health and Mental Hygiene	CDS License
1	Michigan	Michigan Department of Licensing and Regulatory Affairs	CS License
1	Missouri	Missouri Department of Health and Senior Services	Narcotics and Dangerous Drugs Registration
1	New Jersey	New Jersey Office of the Attorney General, Division of Consumer Affairs	CDS Registration
1	New Mexico	New Mexico Board of Pharmacy	CS Registration
1	Nevada	Nevada Board of Pharmacy	CS Registration
4	Ohio	Ohio Board of Pharmacy	TDDD Permit
1	Oklahoma	Oklahoma Bureau of Narcotics and Dangerous Drugs Control	OK Bureau of Narcotics Registration
1	Rhode Island	Rhode Island Department of Health	CS Registration
1	South Carolina	South Carolina Department of Health and Environmental Control	CS Registration
1	South Dakota	South Dakota Department of Health	CS Registration
1	Texas	Texas Department of Public Safety	CS Registration
1	Utah	Utah Division of Occupational and Professional Licensing	CS Handler Individual/ Facility
1	Wyoming	Wyoming State Board of Pharmacy	CS Registration

CS - Controlled Substance

CDS - Controlled Dangerous Substance