

phone 800.896.8873 fax 855.854.3922 newaccount@mwiah.com PO Box 5717, Boise, ID 83705

Account information

Legal name of business _____	Business type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited
Doing business as _____		<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Individual
Veterinarian's name _____		<input type="checkbox"/> In city limits	<input type="checkbox"/> Out of city limits	
Phone _____ Fax _____	Number of full time veterinarians (enter "0" if this is a secondary account) _____			
Mailing/Billing address _____	City _____ State _____ Zip _____			
Shipping address (no P.O. box) _____	City _____ State _____ Zip _____			
State veterinary license number (copy required) _____	AAHA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No AAHA Member ID _____			
Social security number _____	Federal tax ID number _____			
DEA license number (submit copy if purchasing controlled substances) _____	MWI territory manager's name _____			

Contact preferences

Practice type (check all that apply):

Small animal Equine Beef Dairy Swine Poultry Other _____

Primary contact name _____ Secondary contact name _____

Phone _____ Phone _____

Email _____ Email _____

Fax permission

Current regulations require your signed permission prior to our faxing any information to you (i.e. requested invoice copies, product info, etc.). So that you may receive requested information from MWI via fax, please sign below:

Signature of applicant (required) _____ Date _____

Printed name _____ Title _____

As a value added service, we occasionally fax updates 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 permanently 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

Fax number if different from above _____

Required copies of documents

- | | |
|---|---|
| <input type="checkbox"/> State Veterinary license (copy required to open an account) | <input type="checkbox"/> DEA registration/DEA due diligence documentation |
| <input type="checkbox"/> State controlled drug license (if applicable) | <input type="checkbox"/> Additional state requirement documentation |
| <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) | |

Please sign and complete the agreement on page 2.

Veterinary express - continued

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 (required) _____

Signature of Veterinarian submitting license (required) _____

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.

Printed name _____ Date _____

Printed name _____ Date _____

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 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

Signature of guarantor (required) _____

Printed name _____ Date _____

Social security number _____ Phone _____

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 incorporated into 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.

Mailing address _____

City _____ State _____ Zip _____

Products sold by MWI are not intended for human use

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>.

AmerisourceBergen

MWI Animal Health®

How to push an electronic payment to MWI Animal Health

ACH Transfer Instructions:

Bank name:

Bank of America, NA

222 Broadway

New York, NY 10038

Account title: MWI Veterinary Supply Co

Routing number: 323070380

Account number: 485000810815

Wire Transfer Instructions:

Bank name:

Bank of America, NA

222 Broadway

New York, NY 10038

Account title: MWI Veterinary Supply Co

Routing number: 026009593

Account number: 485000810815

Payment Advice:

Please send payment advice to

EFT@mwianimalhealth.com

Please provide the **customer** and **invoice number(s)** to allow us to apply your payment promptly.