

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

Account Information

Veterinarian's Name(s)

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

Number of veterinarians to use this pharmacy account:

- 1 Doctor Practice
- 2 - 3 Doctor Practice
- 4+ Doctor Practice

Current Account Number _____

Return Fax Number _____

MWI Sales Representative _____

MWI Call Center Sales Representative _____

Please sign and complete the agreement on page 2.

Required Copies of Documents

- State Veterinary License (copy required to open an account)
- 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.

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 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) 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.