



The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any rights under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission.

CREDIT APPLICATION

(FOR COMPANY USE ONLY)		ACCOUNT NUMBER
DIVISION NUMBER AND LOCATION		SALES REPRESENTATIVE
DATE	APPROVED BY	CREDIT LIMIT \$

BUSINESS INFORMATION (PLEASE PRINT)

CORPORATE NAME	ADDRESS, CITY, STATE, ZIP CODE		PHONE NUMBER	FAX NUMBER
D.B.A. NAME (ACCOUNT NAME)	ADDRESS, CITY, STATE, ZIP CODE		PHONE NUMBER	FAX NUMBER
BILL TO ADDRESS, CITY, STATE, ZIP CODE	COUNTY	E-MAIL ADDRESS		OFFICE CONTACT PERSON
SHIP TO ADDRESS, CITY, STATE, ZIP CODE	COUNTY	IS SHIP TO INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HOSPITAL, MEMBERS <i>in</i> PRACTICE	IF PRODUCER, NUMBER of ANIMALS
CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> L.L.C. <input type="checkbox"/>	YEARS OWNED	LINE of BUSINESS		

OWNERSHIP INFORMATION (OFFICERS, PARTNERS OR OWNER MUST BE LISTED)

TITLE	NAME	ADDRESS, CITY, STATE, ZIP CODE	SOCIAL SECURITY #	DATE of BIRTH
TITLE	NAME	ADDRESS, CITY, STATE, ZIP CODE	SOCIAL SECURITY #	DATE of BIRTH
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REQUIRED DOCUMENTS (A COPY OF ALL CERTIFICATES, LICENSE AND PERMITS MUST ACCOMPANY THE APPLICATION)

FEDERAL ID #	TAX EXEMPT CERT. #	STATE	RESALE EXEMPT CERT.#	STATE	DEA LIC. #		
DEPT. OF AGRI. LIC. #	STATE	D.V.M. LIC. #	STATE	PHARMACY BD LIC. #	STATE	DRUG WHSLE LIC. #	STATE

BUSINESS AND BANK REFERENCES

COMPANY NAME AND ADDRESS	ACCOUNT #	PHONE NUMBER	FAX NUMBER
COMPANY NAME AND ADDRESS	ACCOUNT #	PHONE NUMBER	FAX NUMBER
BANK & OFFICER'S NAME	ACCOUNT #	PHONE NUMBER	FAX NUMBER

PRINT NAME: _____ SIGNATURE: _____ TITLE: _____ DATE: _____

PRINT NAME: _____ SIGNATURE: _____ TITLE: _____ DATE: _____

CONTINUED ON REVERSE SIDE

TERMS AND CONDITIONS

TERMS: Terms are net due 30 days from purchase. Past due balances are subject to a finance charge of 16% per annum (or maximum allowed by state law). Seller is under no obligation to sell items to me on credit and may at any time refuse to sell items to me on credit. All invoiced amounts remaining unpaid after thirty (30) days, unless disputed in good faith, shall be deemed past due. Seller must be notified in writing of any disputed amounts within sixty (60) days of invoiced date. If buyer fails to pay any or all of the invoiced amounts when due or if buyers financial status renders seller insecure, seller may immediately without further notice, (i) cancel any remaining orders and suspend sellers performance hereunder and (ii) declare due and payable all amounts except disputed, invoiced by seller to buyer regardless of when such payments would otherwise be due from buyer.

FINANCE CHARGE: We compute the finance charge at a periodic rate of one and thirty three on-hundredths (1.33) percent per month, which is an annual percentage rate of sixteen (16) percent applied to the adjusted balance of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. To avoid a finance charge you must pay the total balance due shown on your billing statement by the Fifteenth (15th) day of the month immediately following the billing statement date.

TAXES: When applicable, sales taxes shall be included in the price of supplies and invoiced to buyer. All other taxes (other than income or excess profit taxes) which may be imposed by any taxing authority on the sale, delivery or use of supplies and for which seller may be held responsible for collection or payment, shall be paid to seller upon demand. Sales tax will be charged in accordance with the laws of your state. If you do not want to be charged sales tax, you must submit a resale or tax certificate with this application.

GOVERNING LAW: This account shall be deemed to be made in the state of Texas and shall in all respects be interpreted, construed and governed by and in accordance with the laws of the state of Texas without any presumption or constructions against the party causing said account to be created.

COLLECTION COST: I agree to pay all collection cost and reasonable attorney fees if it becomes necessary to place my account with collectors.

Application is hereby made for account privileges which are subject to all terms and conditions shown above. By signing this application, I acknowledge that I have read and accept all forms and conditions as set forth above and hereby grant permission to investigate my (our) credit through proper channels and with any of the above references. Note: Optical disk images of this document will serve as original.

The undersigned officer warrants that he or she is authorized to execute this application.

Personal Guarantee & Consumer Credit Authorization:

The undersigned personally agree to assume all liabilities, present and future contracted to herein including but not limited to: all open account sales, all written and verbal contracts secured and unsecured and any other sales transaction for the duration of our business relationship between Animal Health International, Inc. and

Company Name

The undersigned hereby consent(s) to Animal Health International, Inc. and all related operating companies use of a consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Animal Health International, Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension of continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C.@1681 et seq.

Signature

Name

Date

Signature

Name

Date