



DVM Resources New Vet Program

New Vet Program Details:

- *All AGRIPHARM®, FIRST COMPANION® and RXV® Products – 15% Discount*

Qualifications

Program limited to one NVP account per vet
One Time Program
Subject to credit approval

Products

All RXV®, AGRIPHARM® and FIRST COMPANION® Products
All Equipment/ Instruments required for new clinic

15% Discount on all products purchased

Required Information:

- Completed Signed Credit Application
- Proof of Tax ID number
- Copy of DEA certificate for purchase of controlled substances
- Vet License number required
- Signed NVP Terms Agreement

How The Program Works:

- Purchase initial stock items to start a clinic *without making total purchase payment*
- Payments
 - ▶ Six Equal Payments
 - ▶ Ten Equal Payments
- **NO** interest will be charged if customer adheres to payment schedule
- 60 day purchase period
- After purchase of the initial stock items, a separate account is set up for normal purchases



CREDIT APPLICATION

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.

<i>(FOR COMPANY USE ONLY)</i>		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 () ()
D.B.A. NAME (ACCOUNT NAME)	ADDRESS, CITY, STATE, ZIP CODE		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 in PRACTICE
CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> L L C <input type="checkbox"/>	YEARS OWNED	LINE of BUSINESS	
		IF PRODUCER NUMBER of ANIMALS	

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
TITLE:	NAME:	ADDRESS, CITY, STATE, ZIP CODE	SOCIAL SECURITY #
			DATE of BIRTH

REQUIRED DOCUMENTS (A COPY OF ALL CERTIFICATES, LICENSE AND PERMITS MUST ACCOMPANY THIS APPLICATION)					
FEDERAL ID #	TAX EXEMPT CERT. #	STATE	RESALE EXEMPT CERT. #	STATE	DEA LIC. #
DEPT. OF AGRIC. 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:

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.



NEW VET PROGRAM (NVP)

Here's how it works

This program allows you to purchase all the initial stock items required to start your clinic, without making the total purchase payment at one time.

Instead of one payment, you will be able to make installment payments, depending on the plan you choose. Each payment is due according to your monthly statement.

NO interest will be charged if applicant adheres to their chosen payment schedule.

If payments are not made timely, terms will be accelerated and the entire balance will be come due and payable immediately.

This program features a 60-day purchase period.

A separate account is set up for normal purchases.

Qualifications

Who Qualifies? This is a one time program available to any licensed veterinarian opening a practice for the first time or opening an additional clinic (satellite or new location) or purchasing an already established practice.

Qualifying products consist of the following: all equipment, pharmaceuticals and instruments required to establish a new clinic.

Subject to credit approval.

Program limited to one NVP account per veterinarian.

Required Information

A completed and signed credit application on file.

Proof of tax identification number.

Copy of DEA certificate required for purchase of controlled substances.

Veterinary License number required for the state(s) in which you practice.

Signed NVP terms agreement.

Estimated Opening Date _____

Clinic Name _____

State License # _____

DEA# _____

(Select a payment plan)

Six (6) Equal Payments

Ten (10) Equal Payments

**ALL APPLICABLE SALES TAX IS INCLUDED.
SIGNATURE BELOW CERTIFIES THAT I HAVE READ THE ABOVE AND AGREE TO THE TERMS AS DETAILED.**

Acknowledged by:

Field Sales Representative

Date

Veterinary Applicant

Date

NVP Account# _____

Date Opened _____ DEI _____

DVMR Account# _____

Date Opened _____ DEI _____

