

# New Clinic Registration Form



9550 S. State Street, Sandy, UT 84070

Fax form to 801-255-7690 or email to [sales@medsforvets.com](mailto:sales@medsforvets.com)

Account Manager \_\_\_\_\_

Any questions call 866-633-4828

**Clinic Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_ **State License#:** \_\_\_\_\_

**Person(s) in charge of ordering:** \_\_\_\_\_

**Circle One:**                      **Monthly Bill**                      **CC Every Order**                      **CC Monthly**

**If you choose the option with a CC please include following information**

**Credit Card #** \_\_\_\_\_ **CODE** \_\_\_\_\_ **EXP** \_\_\_\_\_

**Name As It Appears on Card:** \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_

**DOCTOR'S SIGNATURE**  \_\_\_\_\_

Initial

**\*CONDITIONS OF SALE\***

- \_\_\_\_\_ RETURNS-No merchandise may be returned without our authorization.
- \_\_\_\_\_ CLAIMS- Claims for loss, damage in shipment, or any other reason must be made within five days.
- \_\_\_\_\_ PRICES-Please remit payment to the above address. Past due invoices will be subject to 1.5% monthly service charge (18%APR). NSF checks are subject to a \$25.00 fee. Accounts over 180 days **PAST DUE** go to collection and will be assessed a 40% collection fee.

By signing this form you are authorizing Meds For Vets to do business with your company per these terms.

**Signature of Person Responsible for payment:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_