

New Clinic Registration Form



9550 S. State Street, Sandy, UT 84070

Fax form to 801-255-7690 or email back to info@medsforvets.com

Any questions call 833-633-4828

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 the following information

Credit Card #: _____ Code: _____ Exp Date: _____

Name as It Appears on Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

DOCTOR'S SIGNATURE _____

CONDITIONS OF SALE

- Initial _____
- _____ 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:** _____