

# New Clinic Registration Form



9550 S. State Street, Sandy, UT 84070

Fax form to 801-255-7690 or email back to [info@medsforvets.com](mailto: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:** \_\_\_\_\_