



**New Clinic Registration Form**

9550 S. State Street, Sandy, UT 84070

Fax form to 801-255-7690 or email 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: \_\_\_\_\_

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

Payment/Billing Preference:	If CC is used for payment:	Monthly Statements:
Monthly Billing (Net 30)	Email Receipt	Email
Credit Card Every Order	Mail Receipt	Mail
Credit Card Monthly	No Receipt Needed	No Statements Needed
Email Invoice		

If you choose to pay with a credit card, please provide the following information:

Credit Card #: \_\_\_\_\_ Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as It Appears on Card: \_\_\_\_\_

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

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

**\*CONDITIONS OF SALE\***

**Please Initial Below**

- \_\_\_\_\_ 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. Further, these signatures give permission to Meds for Vets to charge the above card as instructed. The card details will be stored in your account profile and will only be used for approved purchases.

**To make changes to your payment/billing options and information, call 801-676-6126.**

Signature of Person Responsible for Payment: \_\_\_\_\_ Title: \_\_\_\_\_

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