

Address

## **Customer Credit Application**

	Account mormation		
Billing Address		Shipping	
1).	Company:		

Company (legal):	Company:	
Attention:	Attention:	
PO Box:		
Address:	Address:	
City/Province:	City/Province:	
Postal Code:	Postal Code:	
Purchasing Contact:		
Owner:	Special Delivery Instructions:	
Phone:		
Fax:		
Email Address:		

References		
Bank:	Phone:	
Contact:	Fax:	
Address:	Email Address:	

Business:	Phone:
Address:	Fax:
	Email Address:
Business:	Phone:
Address:	Fax:
	Email Address:

I authorize Vet Set to contact the above businesses/bank for reference. If this application is approved, applicant agrees to pay all charges within terms of sale. All invoices are due upon receipt. If invoices go over 30 days past due, an interest rate of 1.5% will be charged per month, which is an annual rate of 18%. Should it become necessary to refer the account balance to a licensed collection agency or attorney for legal action, all subsequent charges and legal fees shall be paid by the applicant.

By signing this application, you are indicating that you have the authority to enter into agreements for your organization.

Signature:	Printed Name:
Title:	Date: