GREAT WESTERN ANIMAL HEALTH SUPPLY INC
PHONE: 505-822-0936 FAX: 505-822-0988
CREDIT LINE APPLICATION

Name of Customer:
Type of Customer: _____Individual_____Corporation_____Partnership

Mailing / Billing Address
City: State: Zip Code:

Ship to Address: _____
City: _____ State: _____ Zip Code: _____

Telephone #: Fax #:
State Tax #: Federal Tax #: _____
Federal DEA #: _____ State DEA #:_____
Pharmacy #: _____ Credit Card #: _____
Persons Authorized to charge on this account: _____
Estimated credit needs (Maximum Monthly Balance): $_____
Trade References: (Name, Address, Phone No., Balance):
1. _____

2. _____

3. _____

All of the above is true and correct to the best of my knowledge and I/we hereby authorize Great Western Animal Health Supply to verify any information provided. I understand that credit obtained from Great Western Animal Health Supply is based upon my acceptance of the terms of that credit.
All amounts charged are due in full by the 30th day following the charge and amounts over 60 days are subject to a finance charge of 2% per month. In the event that any balance shall become past due all credit privileges may be suspended and I shall be responsible for all attorney fees and other costs incurred by Great Western Animal Health Supply in the collection of delinquent balances.
If the above named business is a corporation or partnership, I do also personally guarantee payment of all amounts charged to the account of said corporation or partnership.

_____ _____ _____
Date Signature Owner's Social Security #
REQUIRED
_____
Print Name

Please attach a copy of: DEA License Federal and State
State Pharmacy License (if required by your state)
State Tax Certificate (if required by your state)
Veterinary License

GREAT WESTERN
ANIMAL HEALTH SUPPLY, INC.
8433 Washington Place NE • Albuquerque, New Mexico 87113
(505) 822-0936 • 1-800-888-7247 • FAX (505) 822-0988

• AUTHORIZATION TO RELEASE INFORMATION

Company Name_____

Address_____

Bank Name_____ Bank Fax #_____

Account #_____ Contact_____

I hereby authorize the release of financial and trade information concerning our accounts to Great Western Animal Health Supply, Inc. for the purposes of obtaining trade credit.

_____ _____
Signature of Authorized Company Officer Date

_____
Print Name