



Distributor of Animal Health Products

4100 Bangs Ave. • Modesto, CA 95356 ■ P. O. Box 538 • Salida, CA 95368
Phone 209-545-5100 • Fax 209-545-8244

Veterinary Service, Inc.

Date _____

CREDIT APPLICATION

Acct. Terms:

Net 30 [] COD [] Credit Card []

Business Name _____ Phone _____ Fax _____
(Area Code & Number) (Area Code & Number)

Address _____ For past _____ years
(Street) (City) (State) (ZIP Code)

Shipping Address _____
(Street) (City) (State) (ZIP Code)

D/B/A _____ FEDERAL TAX I.D. NUMBER _____

Former Business Address (If Applicable) _____

Type of Business _____ Date Established _____ How Long in Business _____

OWNERSHIP: [] Sole Owner [] Partnership [] Corporation

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

TRADE REFERENCES (Name suppliers of major products and services):

Table with 2 columns: NAME, FAX #s. Multiple rows for entries.

BANK REFERENCE: [] Checking [] Loan [] Savings

(Name) (Address) (Acct. #) (Contact)

(Name) (Address) (Acct. #) (Contact)

No. of Employees _____ Est. Annual Sales \$ _____ Sales Area _____

Has the firm or any of its Principals ever filed Bankruptcy? Yes [] No []

If yes, Explain: _____

Mortgage Holder/Landlord _____

Address _____ Phone _____

OTHER BUSINESS DEBTS

NAME	ADDRESS	BAL. DUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person To Contact In Accounts Payable: _____
 (Name) _____ (Title)

 (E-mail)

Any misrepresentation in this application will be considered as fraud, since the information herein is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is accurate and correct. You and/or your agents, are authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within terms and agrees to pay a service charge of 1.5% per month (18% per annum) on all past due balances. In the event any third parties are employed to collect any outstanding monies due by said business, the undersigned agrees to pay reasonable collection agency costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the said business.

 (Name) (Title) (Name) (Title)

 (Name) (Title) (Name) (Title)

PERSONAL GUARANTEE

In consideration of credit being extended by Veterinary Service Inc., to the business identified below, for materials and/or services after this date at the request of applicants or its agents, the undersigned individual(s) hereby personally guarantees, unconditionally and irrevocably, the prompt payment of all sums now or hereafter owed to Veterinary Service Inc. by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Veterinary Service Inc. and the business. Veterinary Service Inc. shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Veterinary Service, Inc.

 (Sign) (Print Name)

 (Sign) (Print Name)