



Veterinary Hospitals Association's Ownership Change Member Checklist:

- Personal Guarantee
- Member Application
- Credit Card Agreement
- Copy of DEA License
- Copy of DVM License
- Signed Tax Exempt Form
- Resale Exemption Certificate Supplement
- Membership Dues

Thank You for Choosing **VHA!**



**New Member Application:
Complete and Fax to 651-451-6788**

Date _____

Company Name _____

Address _____

City _____

County _____ State _____

Zip _____ Phone _____

Fax Number _____

Email _____

Website _____

Division/Subsidiary of

Name _____

Address _____

City _____

County _____ State _____

Zip _____ Phone _____

Owner's Name _____

Owner's Name _____

Bookkeeper's Name _____

Company Federal I.D. # _____

Corporate Structure: [] Individual [] Partnership [] Corporation [] Limited Liability Company

Date Established _____

Purchaser's Name _____ **Email Address** _____

For Office Use Only:	
Date Rec'd	_____
References Sent	_____
File Complete	_____
Board Approval Date	_____
IAR	_____
VPC	_____
Route	_____
MAS Account	_____

Licensed Veterinarians working at your practice

Name _____	Full-time or Part-time
Name _____	Full-time or Part-time
Name _____	Full-time or Part-time
Name _____	Full-time or Part-time
Name _____	Full-time or Part-time

Short Biography:

Type of Account Requested: [] Open [] COD
 Credit Line Requested \$ _____

BANK INFORMATION

Name of Bank _____
 Address _____ City _____
 State _____ Zip _____ Account Number _____
 Phone _____
 Fax Number _____

TRADE REFERENCES

1) COMPANY NAME _____
 Address _____ City _____
 State _____ Zip _____
 Phone _____
 Fax _____
 Acct. # _____

2) COMPANY NAME _____
 Address _____ City _____
 State _____ Zip _____
 Phone _____
 Fax _____
 Acct. # _____

3) COMPANY NAME _____
 Address _____ City _____
 State _____ Zip _____
 Phone _____
 Fax _____
 Acct. # _____

4) COMPANY NAME _____

Address _____ City _____

State _____ Zip _____

Phone _____

Fax _____

Acct. # _____

By affixing their signatures below, the undersigned (or if a corporation, partnership or limited liability company the authorized officer/agent) agrees that:

- 1) For the purpose of obtaining merchandise/equipment from Veterinary Hospitals Association, the foregoing statements in writing are accurate and made knowing that Veterinary Hospitals Association in relying upon same should credit be extended. It is further understood that the information as supplied is confidential and shall be regarded as continuous until another credit application is substituted for it and the firm listed agrees to inform Veterinary Hospitals Association of any material change in their financial status or ownership.
- 2) To pay when due all invoices from Veterinary Hospitals Association and all delinquent invoice interest at 1.5% per month on outstanding balance or the maximum lawful interest rate.
- 3) This agreement shall be construed as having been delivered in the State of Minnesota, shall be construed in accordance with the laws of Minnesota and the parties hereto agree that venue shall be in the State of Minnesota and, in event of litigation arising out of this agreement, Veterinary Hospitals Association shall be entitled to reasonable attorney's fees, costs and expenses incurred.

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I/we hereby authorize you to release to Veterinary Hospitals Association, to whom credit applications has been made, all information requested pertaining to my/our Credit & Financial responsibility.

Firm Name _____

By _____ Owner, Partner, Authorized Officer (Only)

By _____ Owner, Partner, Authorized Officer (Only)

SALES TAX EXEMPTION - PLEASE SELECT ONE OF THE FOLLOWING:

- I would like to indicate to VHA at the time of purchase if I would like an item **taxed or not taxed**. I have completed the appropriate state sales tax exemption certificate and I will identify, at the time of purchase, those items that should be exempted from sales tax. VHA will collect sales tax on any items that I do not identify as exempt. If I determine, subsequent to placing my order, that items should have been taxable, I will pay the tax directly to my state. *(This option allows you to choose which items you would like to be charged tax on. In general, if you are going to resell the item and charge the client tax, you would not want to pay tax on it at the time of purchase. Items that you will use in-house you would want to pay tax at the time of purchase (examples: gauze, catheters, etc.))*
- I would like VHA to **collect tax on all items I purchase**. VHA will collect tax on all items purchased unless a state tax exemption certificate is completed.
- I would like VHA to **exempt my account from tax on all items**. I have completed the appropriate state sales tax exemption certificate and I certify that I may resell any/all items that I purchase from VHA or cannot, at the time of purchase, identify if I will use in an exempt manner, or resell the products I purchase. Accordingly, please do not charge tax on any items that I purchase from VHA. If any additional tax is due, I will pay the tax directly to my state.



Personal Guarantee

Guarantor: _____

Home Address: _____

City/State: _____

Zip: _____

To Veterinary Hospitals Association (VHA)

For and in consideration of VHA granting open account, the receipt of which is hereby acknowledged, I guarantee unconditionally, at all times, unto you, the payment of any indebtedness or balance of indebtedness of _____ hereinafter called debtor to you, whether such indebtedness now exists, or is incurred hereafter, and in whatever form it may be evidenced.

I waive notice of acceptance of the guaranty, and all notice of the goods and merchandise sold by you to the debtor, and all notice of defaults by the debtor, and I consent to any extension or extensions of the time or times of payment of the indebtedness, or any portion thereof, and to any change in form, or renewal at any time, of such indebtedness, or any part thereof, or to any evidence thereof taken at any time by you.

This is a continuing guarantee, and the extension of the time of payment or the acceptance of any sum or sums on account, or the acceptance of notes, drafts or any security from this debtor, shall in no way weaken the validity of this guarantee. Should any purchase heretofore or hereafter made by the debtor, or you, be not paid at maturity, you shall have the right to proceed against me therefore at any time, without any notice and without any proceeding or action against the said debtor, and I waive any demand for payment.

This guarantee shall continue at all times regardless of the amounts paid by the debtor and shall not be revoked by the death of the guarantor but shall remain in full force until the undersigned or the executor or administrator of the undersigned shall have given notice in writing to make no further advance on the security of this guarantee to debtor and until such written notice in writing is received by you. A registry return receipt for said letter shall be conclusive evidence or receipt of notice revocation.

The guarantee shall not be abrogated by any change in the firm or status of the debtor, whether caused by death, by admission of any new member or members or by the withdrawal of any member or members, or by any change from any cause.

It is further understood that nothing herein contained shall prevent you from extending credit to the debtor in any amount, at any time, and such action on your part shall not affect this guarantee.

Should said debtor, at any time, become bankrupt or insolvent, or in default of payment, then in that event you shall have the right, at your option, without any notice or demand, to proceed against me at any time, for the full amount owed by the debtor.

The guarantor agrees, without demand, immediately to reimburse VHA for all costs and expense, including reasonable attorney's fees, incurred for the enforcement of this guarantee or the collection of such indebtedness.

This Agreement shall be construed in accordance with the laws of the State of Minnesota, and, in the event of litigation arising out of this agreement, the parties hereto agree that the venue shall be in the State of Minnesota and the Guarantor does hereby so consent to such jurisdiction within the State of Minnesota.

I have hereunto set my hand this _____ day of _____ 20_____.

Guarantor _____ Federal Tax ID# _____

Please fax to VHA at 651-451-6788.