



11445 G Cronridge Drive,  
Owings Mills, Maryland 21117  
Phone (410)581-1800 FAX (410) 581-1583

**Alternate Shipping Address Application**  
Applicants must complete all sections of this application

Please Check Appropriate Box: (PLEASE TYPE OR PRINT)

- Copy of Vet License enclosed
- Copy of DEA enclosed (if applicable)
- (Ohio Residents) TDD Form: \_\_\_\_\_

**Billing Information**

Name of Principal Owner(s): \_\_\_\_\_

NLS Customer & Clinic Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Parish: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Shipping Information (ONLY IF DIFFERENT THAN BILLING)**

Attn: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Parish: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person(s) Regarding Orders: \_\_\_\_\_

Signature: \_\_\_\_\_

### 2nd Alternate Shipping Address

Attn: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Parish: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person(s) Regarding Orders: \_\_\_\_\_

Signature: \_\_\_\_\_

### 3rd Alternate Shipping Address

Attn: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Parish: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person(s) Regarding Orders: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please be advised that three (3) or more alternative ship to addresses must be updated on our website at [nlsanimalhealth.com](http://nlsanimalhealth.com). All forms must be signed and faxed to 1-888-568-2825 and labeled account set-up or can be emailed to [ebrooks@nlsanimalhealth.com](mailto:ebrooks@nlsanimalhealth.com).**

Hours of Operation: \_\_\_\_\_

### Financial Information **MUST** complete to process application

Name of Person Financially Responsible: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*\*Social Security Number: \_\_\_\_\_ (Applicable for **ALL** applications)  
 Person SS # responsible for payment (Fed ID **NOT** acceptable)

Name of Bank where Business Account is located: \_\_\_\_\_

Account Number: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Credit Card Type: (check one): **ONLY** if charging each order to CC - (YES OR NO)  
**PLEASE CHECK ONE (IF APPLICABLE)**

Master Card

Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

### Additional Information

Veterinary License Number: \_\_\_\_\_ State: \_\_\_\_\_

Name as it appears on License: \_\_\_\_\_

*(Please attach clear copy)*

Do you hold a Valid Federal DEA registration Number? Your orders will go to the DEA address only.  
 If waiting for DEA renewal we will accept the letter with your expired DEA attached.

Yes *(Please attach Clear Copy to this application. **DO NOT** trace over any portion of this Federal form)*

No

Do you hold a valid Retail Sales Tax License:

Yes Please furnish appropriate paperwork (Attach copy of your certificate stating your exemption)

No

Tax Exempt Organization: Government, University (Please attach copy of Exemption Certificate)  
Please make sure you have attached your copy of your legible DEA and Tax certificate if applicable

**Please Read and Sign Below:**

The applicant agrees that in consideration of NLS Animal Health agreeing to supply merchandise or to grant credit to the Applicant, the Applicant agrees to be liable for all amounts due. The Applicant agrees that NLS Animal Health has the right to check the Applicant's credit. Applicant agrees that by naming the person(s) below as authorized to purchase for the firm, this does not preclude NLS Animal Health from accepting orders placed by others on the firm's behalf, and the applicant agrees to pay for all merchandise ordered and delivered to the firm. Terms of payment are net due by the 15<sup>th</sup>. One and one half (1-1/2%) percent interest per month will be charged on the unpaid balance of all accounts past due. The applicant further expressly agrees to pay collection costs and/ or attorney fees incurred in conjunction with the collection of this account. NLS Animal Health reserves the right to change credit terms at any time.

Please understand that by signing this application you understand that NLS Animal Health may file a UCC-1 at its discretion. This UCC-1 allows us to secure a lien against purchased equipment until fully paid.

\*If at any time the current person financially responsible changes, a new application will be necessary.

Print Name: Owner or Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

**Please Mail or Fax Completed Application to:**

**NLS Animal Health  
ATTN: NEW ACCOUNTS  
11445G Cronridge Dr  
Owings Mills, Maryland 21117  
Phone: 1-800-967-3341 Ext.323  
Fax: (410) 581-1583**



*For internal use only:*

**Sales Representative:** \_\_\_\_\_ **Inside Sales Rep:** \_\_\_\_\_

**Is this an Equal Pay Account:**

**Date of Opening Order**

**If 8 Equal Pay Account:** \_\_\_\_\_

Yes

No

**In order to qualify for 8 Equal Pay, you must have a minimum of \$5000.00 in purchases within two months from start date of 8 Equal Pay. After 60 days, 8 Equal Pay will close and the total purchase amount that has accrued will be divided into 8 Equal monthly payments. If \$5000.00 minimum purchase is not met, total account balance will be owed at time of statement.**

*Revised: October 31, 2008 (BB)*