

() New Account

() Up-dated Information

Nelson Laboratories LP
4001 N Lewis Ave., Sioux Falls, SD 57104-5544

CREDIT APPLICATION
(PLEASE TYPE OR PRINT)

Date _____

APPLICANT: _____ SSN: _____

LEGAL COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ RESALE No. (Attach Certificate) _____

() CORPORATION () SOLE PROPRIETORSHIP () PARTNERSHIP () OTHER _____

FOUNDED ____/____/____

REFERENCES:

1) VENDOR: _____ PHONE: () _____

2) VENDOR: _____ PHONE: () _____

BANK: _____ PHONE: () _____

BANK CONTACT: _____ ACCOUNT NUMBER: _____

In consideration for the extension of credit, Applicant(s) agree(s) to pay invoices within terms. Invoices not timely paid will be subject to service charges of 2% per month (24% per annum). Should account be referred to third parties for collection, Applicant(s) agree(s) to pay all costs of collecting, including reasonable attorney fees.

A signature on this document provides permission to pull a credit bureau report on any individuals who may be liable under this agreement such as a personal guarantor, proprietor and general partner or similar.

Payment in full checks are invalid unless sent to **Ronitta Sandahl** at 4001 N Lewis Ave., Sioux Falls, SD 57104-5544 by registered mail. We may return your check within 90 days of cashing it and under no circumstances will a payment in full or in full settlement check be allowed except pursuant to a separate written agreement. Otherwise, it will be presumed that the full payment check was tendered in bad faith and will not be accepted in full settlement.

Any claims of errors or discrepancies in the billings must be submitted to our office in writing within 30 days of receiving a bill. Otherwise, all such objections are deemed waived and the account will become stated.

Applicant does hereby agree to notify company by letter on any change in ownership or legal structure of the business (such as incorporation). The company shall not be affected by such change until receipt of written notice of such change from applicant.

This agreement is governed by the laws of the State of South Dakota. The parties consent to the exclusive jurisdiction of the US District court for the District of South Dakota, Southern Division, and the Circuit Court of the county of Minnehaha, state of South Dakota, for all disputes arising under this agreement.

Civil damages pursuant to South Dakota Code, Section 57A-3-421, will be sought upon dishonored checks.

The parties to this document agree that a facsimile is as binding as the original document. The parties agree that the laws of the State of South Dakota will govern the validity and interpretation of this agreement.

Credit, if extended, depends upon the degree confidence this Credit Application affords.

(1ST) PRINCIPAL SIGNATURE SOCIAL SECURITY NUMBER DATE

(2ND) PRINCIPAL SIGNATURE SOCIAL SECURITY NUMBER DATE

NELSON LABORATORIES



IMPORTANT!

Due to a new FCC rule NELSON LABORATORIES must get your permission to send you faxes about all of our services and events.

Dear Valued Nelson Laboratories Customer:

Due to a rule issued by the Federal Communications Commissions (FCC), Nelson Laboratories will not be able to fax you information about our upcoming events, and available services and products, unless we have your written permission.

In order to best serve you, it is important to have multiple ways to communicate with you. Faxing is an essential and inexpensive method of communication. Please help Nelson Laboratories comply with this new law and keep costs down. We make every effort to fax you quality information about services and events that would be beneficial to your organization.

Please note, you may "opt out" of receiving faxes from Nelson Laboratories at any time in the future.

If you have any questions, do not hesitate to call the Nelson Laboratories office at 1-800-843-3322. Thank you for your business and support of Nelson Laboratories!

Please complete and fax back to Nelson Laboratories at 605-336-2322 or 605-336-9354. You may also mail the form to 4001 N Lewis Ave. Sioux Falls, SD 57104, Attention Stephanie Hanisch.

Name/Title/Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Account #: _____

Please list all of your company's FAX numbers: 1) _____

(If you need additional room, please write on a separate page) 2) _____

Please check, sign and FAX or MAIL this form to Nelson Laboratories

_____ I understand that by providing signing below, I consent to receive all fax communications sent by or on behalf of Nelson Laboratories.

Signature: _____ Date: _____

NELSON LABORATORIES



4001 N Lewis Ave.
Sioux Falls, SD 57104-5544
Phone 800-843-3322 or Fax 605-336-2322
New Account Form

Date: _____ Phone Number: _____
Fax Number: _____ Doctor Name: _____
DEA License #: _____ Vet License #: _____

Mail a copy of DEA Form 223 (if applicable) and Vet License State Renewal

Clinic Name: _____

E-Mail Address: _____ Bill to County: _____

Bill To Address: _____

Bill to City, State: _____ Bill To Zip: _____

Ship to Address: _____

Ship to City, State: _____ Ship to Zip: _____

Are you interested in web interactive ordering (www.nelsonlab.com)? _____

User Name (Maximum of 10 characters): _____

User Password (Maximum of 10 characters): _____

Would you like us to use the above e-mail address for Web Order notification? _____

Authorized Accounts
Payable Contact: _____ Authorized Purchaser: _____

I agree the information above is correct to the best of my knowledge (Signature): _____

** The information provided above will serve as an acknowledgment of your clinic information and vet license number, and will be used in all references to your account.

** Upon expiration of your vet license, Nelson Laboratories will send a notice of renewal.

** Nelson Laboratories must be notified IN WRITING of any changes that need to be made to your account information.

Billing: COD or Credit Card or Apply for Open Terms

Circle Billing Option (A Credit Application Must Accompany This Form to be Considered for Open Terms)

If Credit Card Fill Out Information:

Credit Card #: _____ Cardholder Name: _____

(We Accept Visa, MasterCard and Discover on qualifying orders)

Expiration Date & CVV#: _____ Signature: _____

Signature of credit card information authorizes Nelson Laboratories LP to use this card for all purchases now and in the future.
Nelson Laboratories requires the clinic to notify us on updated card information.

**** FOR OFFICE USE ONLY****

Application Sent By: _____ Account #: _____

Ship Via: _____ Notes: _____

Territory #: _____ Telerep #: _____

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