



Facsimile Cover Sheet

From:
Account Name:
Type:
Fax:

To: NEW ACCOUNTS
Location/Dept: Hill's Pet Nutrition, Inc.
Phone: 1-800-255-2403 ext 3180
Fax: 1-800-523-7054
Email: new_accounts_1@hillspet.com

Date: _____

**Pages including this
cover page:**

Comments: To expedite the processing of your application:

- Please complete all 3 address fields.
- For Veterinarians, please sign DVM, VMD or respective title following your signature.
- Please include completed tax exemption certificate, shipping form, and Purchase Agreement, etc
- If your business is a corporation, please provide the title of the corporate officer signing the purchase agreement.
- Please have the individual legally responsible for the debt sign the purchase agreement (if different than Veterinarian, please provide Veterinarian signature as well).

Veterinary Purchase Agreement and Credit Application

Hill's Pet Nutrition Sales, Inc. and Subsidiaries
P.O. Box 148
Topeka, Kansas 66601-0148
800-354-4557 • Fax 800-523-7054



New Account Update Existing Account Account # _____

Business Information	Corporation Name/DBA _____	Date _____
	Mailing Address _____	
	Shipping Address _____	Date Business Est. _____
	Telephone _____	Fax _____ Email Address _____

Is the product for resale? Yes No Is the business inside or attached to another business? Yes No

Is your business located on home property? Yes No Is this a mobile vet service? Yes No

Taxable Purchases: Yes No If no, a completed and signed state resale or exemption certificate required.

Practice is Located: Inside City Limits Outside City Limits County Name: _____

Legal Business Form: Incorporated LLC Proprietorship LLP Partnership Not-for-Profit Org. Other

Date of Incorporation _____ State of Incorporation _____

Primary Vet Contact _____ Veterinary License # _____

Social Security Number _____ Fed ID Number _____

Hill's will automatically display your retail information on our websites for consumers to locate businesses in their neighborhood.
Mark the box if you do NOT wish to participate. Opt out

Ordering Information	Purchasing Agent _____	Phone _____	Fax _____	Email _____
	Accounts Payable Contact _____	Phone _____	Fax _____	Email _____

- Terms and Conditions**
1. Resale of Products by Clinic: It is understood and agreed that the Veterinary practice must comply with the Hill's Pet Nutrition Distribution Policy. This policy prohibits re-distribution of the products to another entity for further resale. Purchaser shall take all necessary actions to ensure that products are not being purchased for resale purposes and shall provide Hill's with any and all information that it acquires regarding the resale of its products. A breach of this provision shall be immediate grounds for termination of this Agreement.
 2. Payment is due and payable in accordance with the payment terms displayed on each Hill's invoice. Standard payment term is N20Prox.
 3. If credit is extended by Hill's, it is contingent upon prompt payment in accordance with the agreed upon payment terms and will be restricted by a credit limit determined solely by Hill's Credit Department. The approval of this credit application by Hill's does not imply its agreement to sell or continue to sell to Buyer. Open credit may be withdrawn at any time. All credit terms are subject to periodic review and modification by Hill's.
 4. If payment is not received by the due date, a late charge will be added at a rate of 1.5% per month (up to 18% per year) or the maximum legal rate, whichever is less, to unpaid invoices from the due date thereof.
 5. If Buyer is delinquent in payment of any amount owed to Hill's, then without limiting any other rights and remedies available to Hill's under the law, in equity, or under this Agreement, Hill's may suspend or cancel shipments or deliveries of products purchased by Buyer until the account is fully paid.
 6. Should Hill's be required to file litigation or collection action to enforce the payment of Buyer's overdue account balance, all legal fees, court expenses, collection costs and other related expenses incurred by Hill's or its authorized agent in doing so will be paid by Buyer.
 7. Returned checks are subject to return check fees, in addition to any other charge permitted under Kansas laws.
 8. This Agreement will be governed by and construed in accordance with the laws of the State of Kansas, excluding conflicts of law provisions. The exclusive jurisdiction and venue for any legal proceedings related to this Agreement will be the appropriate state or federal courts in Shawnee County, Kansas, and Buyer consents to such jurisdiction and venue and waives all objections to such courts based on jurisdiction, venue and inconvenience of the forum.
 9. Buyer waives all terms and conditions contained in its purchase order that are different from or additional to the terms and conditions stated above, and such different or additional terms and conditions shall have no legal effect.
 10. In no event shall Hill's be liable to Buyer or third parties seeking damages under this Agreement for punitive, indirect, incidental, special or consequential damages or expenses arising out of this Agreement even if it has been advised of the possible existence of such liability.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status; (provided the applicant has the capacity to enter into a binding contract); Because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity; Washington, D.C. 20580

Credit Application
Fax 800-523-7054



New Account Update Existing Account Account # _____

Ship-To Information

Name _____ Phone Number _____

Address _____ Fax Number _____

City _____ State _____ Zip _____

Hours of Operation _____ Delivery Contact Person _____

Earliest/latest time of day to accept deliveries _____

Are there any times between the above that you cannot accept deliveries? Please explain: _____

What days are closed for deliveries? _____

Deliver to (check one) Front Door Back Door Side Door

Can our drivers park in your parking lot for deliveries? Yes No

Are there steps to go up or down in making deliveries? Yes No

Do you have the ability to receive product on pallets? Yes No

Is there a ramp for hand-truck or pallet jack use? Yes No

What is the closest major intersection? _____

If your delivery point is between cross streets, what are they? _____ and _____

Are there any other specific delivery instructions? _____

Signature and Credit Authorization

The undersigned hereby consent to Hill's Pet Nutrition Sales, Inc. use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal, proprietor, and/or guarantor in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorizes Hill's Pet Nutrition Sales, Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as an individual hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the credit department within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

I/We fully understand and agree to the terms of sales, including credit, and collection policies of Hill's Pet Nutrition Sales, Inc. listed above, and agree to make proper payment in accordance with these terms, and that failure to pay within the specified terms may result in cancellation of the credit account. I/We understand that all information listed, plus outside credit agencies and associations may be used to investigate the validity of this application. The undersigned warrants that he or she is authorized to execute this application. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms.

Owner/Corporate Officer's Signature _____

Date _____ Print Name _____ Title _____