



Customer Application

Business Information: New Account Reactivation Ownership Change (Date of ownership change: _____)

Business Name _____ **Owner Name** _____

Billing Address _____ **City** _____ **State** _____ **Zip** _____

Shipping Address _____ **City** _____ **State** _____ **Zip** _____

Shipping County _____ **Within City Limits:** Yes No

Phone # _____ **Fax #** _____ **Business Website** _____

Email (business) _____ **Email (other)** _____

Preferred Communication Method: Phone Fax Email

Business Type: Individual Partnership LLC Corporation, **Federal Tax ID#** _____

Practice Type: Clinic/Hospital Government Laboratory Non-Profit Shelter/SPCA/Humane Society
 University Veterinary School Zoo Emergency Clinic Mobile Clinic Other _____

Practice Subtype: Small Animal Large Animal Mixed Practice Feline Exclusive Equine Exclusive
 Avian/Exotics Other _____

Practice Size: 1 DVM 2-4 DVMs 5-7 DVMs 8-10 DVMs 11+ DVMs

Business Hours of Operation: Sun Mon Tues Wed Thur Fri Sat **Hours:** _____

Veterinarian Information:

1) **Veterinarian Name:** _____ **Veterinary License #:** _____ **Exp Date:** _____ **State:** _____

2) **Veterinarian Name:** _____ **Veterinary License #:** _____ **Exp Date:** _____ **State:** _____

Billing Information:

Authorized Billing Contact(s) _____ **Phone # (if different than above)** _____

Fax # (if different than above) _____ **Email (if different than above)** _____

Preferred Delivery Method for the following:

Invoices: Email Fax Mail **If different than above:** _____

Patient Laboratory Results: Email: _____ Fax: _____

SALES TAX: We are: Taxable Tax Exempt Exempt Reseller

(If Tax Exempt or Exempt Reseller, proper documentation must be included with application and will be verified prior to account activation)

I certify that the above information is true and correct to the best of my knowledge. Upon Heska's acceptance of my application, I agree to Heska's terms and conditions as they are posted on Heska's website at <https://www.Heska.com/Terms-and-Conditions.aspx>

X _____
Authorized Customer Signature

Date

Authorized Customer Name (Print)

FOR OFFICIAL USE ONLY

Circle One: Approved / Declined **Account#** _____ **Territory #** _____ **Credit Available** _____ **Processed By** _____ **Date** _____