

University, Government and Research Express Application



800.896.8873 855.854.3922 NewAccount@mwiah.com P.O. Box 5717, Boise, ID 83705

Account Information

Account Name			Veterinarian OR PI Name		
Mailing Address			Phone		
City	State	Zip	Fax		
Shipping Address (if different than mailing – no P.O. Box)			County		
City	State	Zip	Federal Tax ID No.		

Type of business:

University Non-Profit

Government Other _____

Military

Check all that apply:

Research

Instructional

Other _____

OR

State Veterinary License Number
(MUST SUBMIT COPY)

DEA License Number
(MUST SUBMIT COPY IF PURCHASING CONTROLLED SUBSTANCES)

Contact Preferences

Primary Contact Information		Accounts Payable Contact	
Name	Phone	Name	Phone
Email		Email	Fax

Required Copies of Documents

- State Veterinary License (copy required to open an account)
OR (If no Veterinarian on staff a Facility or Researcher DEA License)
- DEA License (copy required to purchase controlled substances)
- DEA Due Diligence Documentation
- State Controlled Drug License (if applicable)
- State Sales Tax Exemption Certificate (We must charge sales tax unless we have a copy of our Exemption Certificate with Tax Classification Sheet)

Payment Options

- Purchase Order
- Purchasing Card
- Electronic Funds Transfer
- ACH
- Wire
- Other _____

Agreement

By signing and submitting this application, I agree on behalf of both the undersigned and the applicant (1) that the statements in this application are true and complete; (2) to inform MWI Veterinary Supply Co. ("MWI") in writing of any changes in the name, address, telephone number or financial condition of the undersigned or applicant as soon as the changes occur; (3) to comply with, and that all purchases of products from MWI will be governed by, the MWI's standard Terms of Sale which are available at www.mwiah.com/Terms-of-Sale and are incorporated into this Agreement by reference and shall have the same effect as though fully set forth herein; (4) TO PAY INVOICES WHEN DUE; (5) to pay interest not to exceed the lesser of (i) 1.50% per month (compounded monthly) (an annual percentage rate of 18%), or (ii) the highest amount permitted by law on past due accounts; (6) to pay reasonable attorney fees and court costs if

the account is referred to an attorney for collection; (7) that MWI is authorized from time to time to investigate and update information that I provide and to obtain credit and other information about me from other creditors and credit reporting agencies, and to provide information about me to other creditors; (8) that MWI may decline this application to open an account or for credit, (9) that once MWI has opened an account or granted credit, MWI may close the account or terminate the credit at MWI's sole discretion, (10) that after notifying me MWI may change its credit and collection policies, and that the changes will apply to all transactions and any account balances regardless whether any purchases or account entries occurred before or after the effective date of the change, and (11) that MWI may file at any time financing statements to perfect MWI's security interest.

X

Signature of applicant (REQUIRED) _____ Date _____

Print Name _____

X

Signature of Veterinarian OR DEA Holder (REQUIRED) _____ Date _____

Print Name _____

Any and all purchases of products by me from MWI will be subject to and governed by the MWI Terms of Sale (located at www.mwiah.com/Terms-of-Sale) as in effect on the date of purchase, which are incorporated herein by reference. I certify that I have read, agree to and intend to be bound by such MWI Terms of Sale. MWI may, in its sole discretion, revise the MWI Terms of Sale at any time by posting the revised Terms of Sale on its website. All changes to the MWI Terms of Sale will apply to any purchases of products by me that occur on or after the effective date of the change.

DEA "Know Your Customer" Due Diligence Form



The Code of Federal Regulations, 21CFR Part 1301.74(b) requires distributors of controlled substances to design and operate a system to identify suspicious orders. Suspicious orders may include those of unusual size, deviating substantially from a normal historical pattern, and/or orders of unusual frequency. The following "Know Your Customer" Due Diligence Form allows MWI to obtain the necessary data to reasonably review your controlled substance activities and to assist you in protecting your interests as well. Because this is a requirement of the DEA, controlled substance orders may not be placed until this one page form has been completed in full and reviewed by the MWI Credit Department which handles account maintenance.

I. DEA Registrant Information

DEA Registrant Name _____ DEA Registration # _____

DEA Registration Address _____

City/State/Zip _____

MWI Animal Health Account Number & Name _____

II. Include a copy of the current DEA registration.

III. Due Diligence

1. Is any person other than the DEA registrant authorized to sign 222 blanks for this registrant? If yes, please provide the printed names and a copy of a properly executed power of attorney granting this authorization.

2. Total number of practitioners at this location: _____

3. Is the controlled substance activity for the entire clinic or just the individual registrant?

Entire Clinic Individual Registrant

Is the registrant the responsible person for all recordkeeping and inventories?

If not, please explain process and identify the responsible person. _____

4. Patient Mix by % (Total should equal 100%)

Companion	Food Animal	Equine	Swine	Other

5. Practice Type Traditional Clinic Emergency Clinic Mobile Research Other _____

Normal days/hours of operation: _____ Average number of patients treated per day: _____

6. Typical ordering pattern for controlled substances: Daily Weekly Monthly Other (Explain) _____

7. Is MWI Animal Health your sole supplier of controlled substances? Yes No

Do you intend to purchase from other distributors? Yes No

I attest that the information provided in the above "Know Your Customer" Due Diligence Form is true and accurate to the best of my knowledge.

DEA Registrant Signature _____

Date _____

Printed Name of DEA Registrant _____

IV. Return Completed Form to MWI Animal Health

✉ NewAccount@mwiah.com 📞 855.854.3922 🏠 P.O. Box 5717, Boise, ID 83705

? Contact MWI Animal Health Credit 📞 800.896.8873

Additional State Requirements for Veterinary Customers



	State	State Regulatory Authority	State License
1	AL	Alabama State Board of Veterinary Medical Examiners	AL State CS Registration Certificate
2	CA	California Veterinary Medicine Board	Veterinary Premise
1	CT	Connecticut Department of Consumer Protection	CS Practitioner Registration
1	DC	District of Columbia Department of Health	CS Registration
1	DE	Delaware Division of Professional Regulation	CS Registration
3	FL	Florida Department of Business & Professional Regulation	HCCE Permit
1	HI	Hawaii Dept. of Public Safety, Narcotics Enforcement Division	CS Registration
1	IA	Iowa Board of Pharmacy	CS Registration
1	ID	Idaho State Board of Pharmacy	CS Registration
1	IL	Illinois Department of Financial & Professional Regulation	CS Registration
1	IN	Indiana Board of Veterinary Medicine	CS Registration
1	LA	Louisiana Board of Pharmacy	CDS License
1	MA	Massachusetts Office of Health and Human Services	MA CS Registration
1	MD	Maryland Department of Health and Mental Hygiene	CDS License
1	MI	Michigan Department of Licensing and Regulatory Affairs	CS License
1	MO	Missouri Department of Health and Senior Services	Narcotics and Dangerous Drugs Registration
1	NJ	New Jersey Office of the Attorney General, Division of Consumer Affairs	CDS Registration
1	NM	New Mexico Board of Pharmacy	CS Registration
1	NV	Nevada Board of Pharmacy	CS Registration
4	OH	Ohio Board of Pharmacy	TDDD Permit
1	OK	Oklahoma Bureau of Narcotics and Dangerous Drugs Control	OK Bureau of Narcotics Registration
1	RI	Rhode Island Department of Health	CS Registration
1	SC	South Carolina Dept. of Health and Environmental Control	CS Registration
1	SD	South Dakota Department of Health	CS Registration
1	UT	Utah Division of Occupational and Professional Licensing	CS Handler Individual/Facility
1	WY	Wyoming State Board of Pharmacy	CS Registration

CS = Controlled Substance
CDS = Controlled Dangerous Substance