

Fax Permission Form



I. Authorization

All businesses are required to obtain written permission from fax recipients prior to sending any faxes. So that MWI Animal Health can fax information to you on your request (e.g., invoices, product information, or other requested information), please complete the form below.

I authorize MWI Animal Health to fax to the number below.

Account Name _____

Account Number _____

Fax Number _____

Signature (Practice owner or authorized employee)

Date

Printed Name _____

Title _____

II. Preferences

As a value-added service, we occasionally provide one page fax updates to our customers regarding product shortages, pending price increases, new products and featured specials. You may permanently opt out of future fax updates at any time.

Indicate your preference:

- Yes, please provide fax updates to the number above.
- No, I do not wish to receive any fax updates

III. Return Completed Form to MWI Animal Health

✉ NewAccount@mviah.com 📠 855.854.3922 🏠 P.O. Box 5717, Boise, ID 83705