



Dear Customer:

Thank you for choosing Covetrus North America, LLC ("Covetrus") as your veterinary distribution partner. We welcome this opportunity to provide you with the products and services necessary to conduct your practice and manage your business. It is our mission to provide the best customer experience possible.

Once completed you may return the application to the email address, fax number, or mail to the address listed at the bottom of this page. As you complete this application, should you have any questions, you may ask your local sales representative or call our Credit Department at (800) 258-2148. One of our representatives will gladly answer your questions or provide you with the additional information you need.

In addition, if you are opening this account for a new practice, a recently purchased practice, or a remodeled practice, Covetrus offers an opening order financing program. This program provides for the interest-free repayment of the purchases over 10 monthly installments. Additional information about new practice programs may be obtained from your local sales representative.

Thank you for giving us this opportunity to serve you. We appreciate this expression of confidence and look forward to a long and mutually beneficial relationship.

Sincerely,

Lee Wise

President, Customer Operations North America

400 Metro Place North | Dublin, Ohio 43017-7545
800-258-2148 | Fax: 614.760.0639 | CreditAdmin@covetrus.com

Account/Credit Application Form

Applicants must complete all sections of this application

Please be sure to sign the Application Agreement on page 3 and the Regulatory Compliance Statement on page 4

TM _____

Customer Information

Name of Practice/Business _____ TIN or FEIN Number if Applicable _____

Name of Applicant (Last, First, Middle Initial) _____ Non-licensed Primary Account Contact (if applicable) _____

Business Phone _____ Business Fax _____

Email Address _____ I authorize Covetrus permission to send faxes, such as invoices, statements and timely specials to my assigned fax number as listed above.

Please provide an email address that will be directed to persons authorized to manage all aspects of your account including bill matters. This email will be used to provide notifications of your online statement availability, corporate communications, and offerings.

Mailing/Billing Address _____

City _____ State _____ Zip _____ County _____

Business Shipping Address — If different than billing (Must provide a physical address. No PO Box or UPS Store, unless allowed by your state.)

City _____ State _____ Zip _____ County _____

Accounts Payable Contact _____ Phone Number _____ Email Address _____

Please visit our sales tax exemption certificate portal if you have an exemption certificate to upload. You may also use our portal to create an exemption certificate (if applicable). Please click on the following link and follow the online steps to upload or create your exemption certificate: <https://ttrecms.com/portal/covetrus>

Business Type (Choose all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Small Animal | <input type="checkbox"/> Zoo/Aquarium | <input type="checkbox"/> Doctor of Medicine | <input type="checkbox"/> Humane Society/Shelter/Rescue |
| <input type="checkbox"/> Large Animal | <input type="checkbox"/> Veterinary Distributor/Wholesaler | <input type="checkbox"/> Researcher | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Mixed, Mostly Small | <input type="checkbox"/> Pharmacy/Pharmacist | <input type="checkbox"/> Teaching/Research Institution | <input type="checkbox"/> Military |
| <input type="checkbox"/> Mixed, Mostly Large | <input type="checkbox"/> Retail Only/Online Store | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Personal Animal Use |
| <input type="checkbox"/> Equine | <input type="checkbox"/> Pet Service/Board/Groomer | <input type="checkbox"/> State/Local Government | <input type="checkbox"/> Mobile Veterinary |

Business Type (as applicable)

- | | | | |
|---|--------------------------------------|--|--|
| Applicant certifies that it is doing business as: | <input type="checkbox"/> Corporation | <input type="checkbox"/> PPLC | <input type="checkbox"/> Government Entity |
| | <input type="checkbox"/> LLC | <input type="checkbox"/> Partnership | <input type="checkbox"/> LL Partnership |
| | <input type="checkbox"/> PA | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Not for Profit |

New Practice Opening On: _____ Number of Veterinarians on Staff: _____

Practice Purchased From: _____ Date Practice Purchased: _____

Covetrus Account Number, If Known: _____ Purchase Order Required: Yes No

Preferred Invoice Delivery Method: In the Box Email Fax _____

Member of Buying Group: _____

What type of products do you intend to purchase? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Over the Counter Products | <input type="checkbox"/> Controlled Substances (Complete DEA Compliance Form)* |
| <input type="checkbox"/> Prescription Products* | <input type="checkbox"/> Check if DEA Compliance Form was completed online |
| <input type="checkbox"/> Medical Devices* | |

*Additional licenses needed for prescription medication, controlled substances and prescription medical devices. Please submit copies of all applicable federal and state licensure.

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Applicants must complete all sections of this application

Please be sure to sign the Application Agreement below

Payment Terms Request

- Open Monthly Net 25th**
- ACH Weekly** (Checking account automatically debited each Monday—please also complete enrollment on page 5)
- ACH Monthly** (Checking account automatically debited on the 10th of each month—enrollment on page 5)
- MCV** (Credit card automatically charged per order—please also complete enrollment on page 5)
- M10** (Credit card automatically charged on the 10th of each month—please also complete enrollment on page 5)

Please provide an estimate of average monthly purchases (select one):

- \$1,000 or less** **Up to \$5,000** **\$5,000 to \$10,000** **If over \$10K, please list amount here:** _____

Note: Further information may be necessary for requests requiring a higher credit line

- Initial Stocking Order/Extended Payment. An agreement form may be sent to you at your request.**

Please consult with your sales representative for further details.

Credit Agreement

This Credit Application and Agreement and the information contained herein ("Agreement") is a request for extension of credit from Covetrus North America, LLC ("Covetrus") to the Applicant that has applied and is named on the first page of the Credit Application ("Business or Practice") for commercial business use only. A Sole Proprietor must sign this Agreement. For all others, this Agreement must be signed by an officer or owner of the Business who is legally authorized to bind Business to the terms and conditions of this Agreement. All purchases of products will be governed by the Sales Terms and Conditions which are described in full at www.northamerica.covetrus.com/sales-terms-conditions and are incorporated into this Agreement by reference.

Applicant authorizes Covetrus to obtain a written credit report from any credit reporting agency at this time or at any time in the future, at the sole discretion of Covetrus. For sole proprietors or if a personal guaranty is being provided, Covetrus may obtain a personal credit report in addition to any reviews of the Applicant's business credit. If credit is extended, Business agrees to pay all debt incurred within the terms of sale. However, should Business' account become past due, Business agrees to pay all finance charges on past due amount at an interest rate of 1.5% per month or at a rate as may be required by applicable law. In addition, Business agrees to pay all interest, finance charges, collection costs and/or attorney fees incurred in connection with the collection of Business' account, which shall include return fees for dishonored payments.

Accounts with past due balances may have shipment suspended (Credit Hold) or may receive orders on a prepay basis, at Covetrus' discretion. Covetrus is under no obligation to provide Business with any other credit terms other than those set forth herein. Covetrus may use any remedies available to it under the Uniform Commercial Code and may pursue such remedies without prior notification to applicant.

Business also agrees that any delay or failure of Covetrus to enforce its rights under this Agreement shall not prevent Covetrus from enforcing any such rights at a later time.

Business agrees and acknowledges its responsibility to notify Covetrus immediately in writing upon a change of any of the information contained herein, including without limitation, (i) the ownership of Business, (ii) in the event that personal guaranty has been provided, any changes to the person(s) who have provided such guaranty, or (iii) the change in status of any licenses associated with this account.

REQUIRED FOR ALL

Signature of Financially Responsible Party

Date of Signature

Printed Name of Financially Responsible Party

Social Security Number of Financially Responsible Party

Personal Guaranty: As stated above, if Business is not an individual sole proprietor, a personal guaranty will be required from an owner or principal of the Business to guaranty the payment and performance of all obligations of the Business ("Financially Responsible Party"). Business authorizes Covetrus to obtain a written credit report from any credit reporting agency at this time or at any time in the future, at the sole discretion of Covetrus. By signing below, the Financially Responsible Party assumes personal liability for the payment and performance obligations of the Business and understands that he/she is personally responsible to pay any and all outstanding obligations of Applicant without any recourse to any other principal or officer of the Business.

REQUIRED FOR CORPORATE, LLC, PARTNERSHIPS AND BUSINESS APPLICATIONS

Signature of Financially Responsible Party

Date of Signature

Printed Name of Financially Responsible Party

Social Security Number of Financially Responsible Party

Regulatory Compliance

Signature of Licensee is Required in the Regulatory Compliance Statement

Please complete the following **and** supply a legible copy of all applicable professional licensure. For additional information, please refer to the [state license reference guide](#). Please request a customer update form to add additional licensees.

Federal DEA License Number (if ordering controlled substances)*: _____

State professional license (Ex: DVM, Pharmacy, Wholesaler, Euthanasia Technician):

License Type: _____ License Number: _____

Other state issued license/registration/permit or exemption letter:

(Controlled substance license/permit, Ohio Terminal Distributor of Dangerous Drugs, Florida HCCE permit, etc.)

License Type: _____ License Number: _____

*If ordering controlled substances, complete the DEA Compliance Form included. We can only ship controlled substances to the address associated with the DEA license.

PART I — To be completed by all customers except Researchers. Researchers are to complete PART II.

Regulatory Compliance Statement - Signature Required

Applicant acknowledges Covetrus' policy of selling prescription drugs, controlled substances and medical devices to persons who are properly licensed with applicable state and federal regulatory agencies. By signing, the applicant accepts responsibility for all products purchased from Covetrus at the above referenced shipping address.

Signature of Licensee

Date of Signature

Printed Name of Licensee

PART II — Researchers Only

Researcher/Teaching Institution

Name on License: _____

Address on License: _____

License Type: _____ License Number: _____

List published paper or current research with animals at this facility or research protocol:

Researcher Acceptance of Responsibility

Researcher agrees to the following conditions to purchase from Covetrus:

(1) Prescription drugs purchased from Covetrus will be used for animal diagnosis, treatment, research and/or teaching purposes; (2) will not be distributed (sold) further; (3) drugs are secured upon arrival at the above shipping location; (4) applicant will personally administer or provide direction of the proper use of prescription drugs purchased on the account; (5) will not submit any order to Covetrus for prescription drugs which are not included on approved research protocols.

Signature of Researcher

Date of Signature

Printed Name of Researcher

Account/Credit Application Form

Applicant has the option to submit one of the following auto payment terms.

Please review page 3 of the Covetrus credit application for a complete list of available payment terms. All term requests are subject to credit approval.

Automatic Credit Card Agreement

I (we) hereby authorize Covetrus to accept my credit card as a method of payment for my account. Continued failure to obtain authorization for my charges may result in removal from the credit card payment plan. By signing below, I accept the terms and conditions of this agreement and authorize Covetrus to debit my card:

Please select one: Per Order (MCV) Monthly balance on 10th (M10)

Primary Card Number
(Covetrus accepts Visa, MasterCard, Discover & American Express)

Expiration Date

Secondary Card Number
(Covetrus accepts Visa, MasterCard, Discover & American Express)

Expiration Date

Cardholder's Name

Card Billing Address

City

State

Zip

County

SIGNATURE (Required for this agreement)

Date of Signature

Covetrus is prohibited from retaining card numbers on file without a signed agreement.

Automatic Check Debit Authorization (ACH)

I (we) hereby authorize Covetrus to initiate debit entries to my (our) bank account indicated below at the financial institution named below.

Please select one: Each MONDAY (or Tuesday in case of a holiday) Monthly balance on 10th

Financial Institution Name

Account Holder's Name

Routing Number (9 Digit Number)

Account Number

Please select one: Checking Account Savings Account

SIGNATURE (Required for this agreement)

Date of Signature

This authorization is to remain in full force and effect until Covetrus has received written notification from Business of its termination in such time and in such manner as to afford Covetrus and the financial institution a reasonable opportunity to act. Should funds not be available in account at the time of electronic transfer, Covetrus could place my account on Hold. Covetrus requires two business days notice if payment is not to be made through ACH debit for a given date.



DEA Compliance Form

Fax: 614.659.1948

SOM@covetrus.com

Title 21 Code of Federal Regulations Part 1301 Section 1301.74 requires any distributor that sells controlled substances to design and operate an order monitoring system that identifies orders of unusual size, frequency and orders that deviate substantially from a normal ordering pattern.

The DEA and several states also have policies that require wholesale distributors to "Know Your Customer". This questionnaire provides Covetrus with necessary data to help satisfy DEA and state requirements and will assist Covetrus in maintaining compliance for our customers and their controlled substance purchases. Please note that we may provide a copy of this form to the DEA and any other federal or state regulatory agencies when appropriate.

Note: The information requested below must match the name and address that is on the Federal DEA license.

DEA Registrant Name _____		DEA Number _____	
DEA Registration Address _____			
City _____	State _____	Zip _____	County _____
Phone _____	Email _____		

1. Indicate your business type. Check all that apply.

<input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> Emergency	<input type="checkbox"/> Animal Shelter/Control	<input type="checkbox"/> Research/Training
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Referral	<input type="checkbox"/> Other (please specify) _____	

Specialty Area (if applicable): _____

2. Identify the percentage of species you most commonly work with. Total should equal 100%.

Companion % _____	Equine % _____	Livestock % _____	Non-Human Primate % _____
Exotics % _____	Rodent % _____	Wildlife % _____	Other (please specify) % _____

3. What are your normal days/hours of operation?

Normal Days/Hours of Operation: _____

4. Is the controlled substance usage for the individual registrant or the entire facility/program?

Individual Registrant Entire Facility/Program

5. Please indicate the number of individuals under each appropriate title employed at this facility.

For research accounts please indicate the **number** of individuals involved in the study.

Veterinarians _____

Credentialed Technicians (Vet Techs, Euthanasia Techs) _____

Research Personnel _____



DEA Compliance Form

Fax: 614.659.1948

SOM@covetrus.com

6. Please complete the following table. How many animals are treated, medicated, and examined.

We cannot accept this document with blank spaces, "varies" or NA. Each field must have a **numerical value**. Ranges and estimates are acceptable. This information is kept in the Regulatory Affairs department and NEVER shared for soliciting purposes. This form can be amended as your ordering needs change.

RESEARCHERS: Annual averages or ranges are acceptable.

NEW PRACTICES: Please estimate to the best of your ability, based on your business model.

Average number of animals examined/treated each <u>month</u> :	Average number of animals euthanized each <u>month</u> :	Average number of animals that controlled substances are administered to each <u>month</u> :	Average number of animals that controlled substances are dispensed to each <u>month</u> :
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7. What is the average number of surgeries performed on a monthly basis (if applicable)?

Average Number of Surgeries/Month _____

RESEARCHERS — continue to Question 10

8. Please provide a ratio of methods of payment made by clients. Please enter numeric values.

Cash % _____ Credit % _____ Other (ex: insurance) % _____

9. Please provide a ratio of in-state to out-of-state patients seen. Please enter numeric values.

In-state % _____ Out-of-state % _____

10. If we have questions about controlled substance orders, we will attempt to contact the DEA registrant. However if we are unable to reach the registrant please list the individuals who may speak on the registrant's behalf. (Attach additional sheets if needed).

Name	Title	Extension/Direct Line/Email

11. Is there anyone other than the DEA registrant authorized to sign 222 order forms? If yes, please list the name and title of this person and provide a copy of the properly completed power of attorney form.

Name _____ Title _____

12. Is Covetrus your primary, secondary, or tertiary supplier?

Primary Secondary Tertiary

13. Please check; do you plan to order name brand Nembutal product?

No Yes

14. Has the DEA registrant had any disciplinary, board actions, or complaints against his or her professional state and/or federal license or been convicted of a felony?

No Yes, please briefly explain _____



DEA Compliance Form

Fax: 614.659.1948

SOM@covetrus.com

Covetrus sells the following controlled substance items

Alfaxan	Alprazolam	Brevital	Buprenorphine
Butorphanol	Carisoprodol	Chorulon*	Clonazepam
Demerol	Diazepam	Duramorph	Euthasol/Somnasol
Fatal Plus	Fentanyl	Gabapentin*	Hydrocodone/Homatropine
Hydromorphone	Ketamine	Lomotil	Lorazepam
Methadone	Midazolam	Morphine	Nembutal
Phenobarbital	Proin*	Propofol*	Socumb
Telazol	Tramadol	Tri-Hist*	Ultiva

*These products are not controlled substances at the federal level, however some individual states do schedule these items as controlled substances.

15. Please complete the following table regarding the controlled substances you intend to order.

Any drugs not listed below will not be shipped without confirmation from the DEA registrant. Please attach additional sheets if needed. This document will not be used for marketing purposes.

List all scheduled drugs II thru V that will be ordered. This document will not be accepted if the following table is not complete.

Product Name	Strength & Form	Quantity	Frequency (Do not use "as needed", "PRN", "varies", etc.)
Example: Alprazolam	0.5 mg tablets	100 tablets	every <u>4</u> weeks
Example: Fentanyl	50 mcg/mL injectable	50 mL	every <u>8</u> weeks
			every _____ weeks
			every _____ weeks
			every _____ weeks
			every _____ weeks
			every _____ weeks
			every _____ weeks
			every _____ weeks
			every _____ weeks
			every _____ weeks

By my signature below, I am affirming that the information above is accurate and that I am the individual named on the DEA registration. If the DEA is for a corporation or facility, I am the official signatory for the DEA registration. If you plan to order Nembutal, by signing below you are acknowledging that this product will be used according to the label and will not be used in the form of human capital punishment.

Printed Name of DEA Registrant

DEA Registrant Signature/Date (In Ink)

Please email to SOM@covetrus.com or fax to 614-659-1948