



## CREDIT CARD AGREEMENT FORM

Select One: \_\_\_\_\_ MCV (Charge per order) \_\_\_\_\_ M10 (Monthly on the 10<sup>th</sup>)

Covetrus account #: \_\_\_\_\_ NEW ACCOUNT WITH ELECTRONIC APPLICATION

Cardholder's name: \_\_\_\_\_  
(Please print, as it appears on Credit Card)

Street address: \_\_\_\_\_  
(Location to which credit card statement is mailed)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Primary:** MasterCard, Visa, American Express, or Discover Card# \_\_\_\_\_ Card Exp. Date \_\_\_\_\_

**Secondary:** MasterCard, Visa, American Express, or Discover Card# \_\_\_\_\_ Card Exp. Date \_\_\_\_\_

Covetrus agrees to accept my credit card as a method of payment for my account. Should my credit card company deny my charges, these charges are due and payable directly to Covetrus upon notification. Continued failure to get authorization for my charges will force Covetrus to remove my account from the credit card payment plan.

By signing this agreement, I understand and accept the terms and conditions of this credit card agreement and authorize Covetrus to debit my credit card for my monthly purchases. ***We cannot permanently retain card numbers on file without a signed agreement.***

Covetrus reserves the right to discontinue accepting my credit card as a method of payment without prior notice.

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_