



Credit Application/Terms Agreement

Complete all sections legibly so that your request can be processed as quickly as possible.

Bill To: Registered Business Name _____ [] Parent or Subsidiary of _____

 Address _____ [] Corporation, State of _____
 City _____ State _____ Zip Code _____ Date Incorporated ____/____/____
 Telephone # _____ Fax # _____ [] Partnership [] Sole Proprietorship
 [] Other: _____

Accounts Payable Contact: Name _____ Fed. Tax I.D. # _____
 Telephone # _____ Fax # _____ Facility HIN # _____
 Email Address _____ Salesperson Name _____

Ship To: Address _____ Salesperson ID # _____
 City _____ State _____ Zip Code _____
 Are POs Required? [] Yes [] No

STATE SALES TAX EXEMPT: [] YES [] NO
If yes, you must provide Tri-anim with a copy of your tax exemption certificate to avoid being charged taxes.

Medical License
(required)

Individual Name	License #	State of Issue	Expiration Date	License Type
Name	Address		City, State, Zip	
Phone #	Fax #	Email	Account #	

Primary Supplier Credit

References
(No utilities, leases, or cash sales experiences.)

Name	Address		City, State, Zip	
Phone #	Fax #	Email	Account #	
Name	Address		City, State, Zip	
Phone #	Fax #	Email	Account #	

Disclosure
 Tri-anim's standard billing terms are Net 30 days. A late charge of 2% will be assessed on all past due invoices. By signing this application you agree to proper payment in consideration of extended credit and to pay any charges assessed for late payment.

Agreement / Authorization
 I certify that the above information is true and correct and authorize Tri-anim Health Services, Inc. to verify this information through their normal sources. I certify that I am the agent for this business and authorized to sign this agreement.

 (Print or Type Name) Signature Title Date

Please forward completed form to: Tri-anim Health Services
 PO Box 8023
 Dublin, Ohio 43016-2023

Or fax to: 877-365-3194
Or email to: credit@tri-anim.com

Payment Remittance Address: Tri-anim Health Services
 25197 Network Place
 Chicago, IL 60673-1251

For Internal Use Only

Approved By _____
 Date Approved _____ Terms _____ Limit _____



Dear Valued Customer:

In an attempt to enhance our efficiency and improve your customer experience, we are now offering you the ability to receive your invoices electronically. This green initiative will not only ensure you receive your invoices in a timely manner, but will help us to reduce excessive paper usage and reduce our carbon footprint.

To receive invoices via email or fax, please fill out the following information:

Customer Account Number: _____

Customer Name: _____

Email Address(es) (Up to 2): _____

Fax Number: _____

Requester Name: _____

Contact Phone Number: _____

Please scan, email or fax this information to the following email addresses:

<u>Company</u>	<u>Email address</u>	<u>Phone</u>	<u>Fax</u>
Tri-anim Health Services	credit@tri-anim.com	877-691-2519	877-365-3194

We encourage you to sign up for this opportunity and help us reduce our carbon footprint.

Kind Regards,

Your Tri-anim Credit and Collections Department