

Government/Municipality, University, Research and Non-profit application

phone 800.896.8873 fax 855.854.3922 newaccount@mwiah.com PO Box 5717, Boise, ID 83705

AmerisourceBergen

MWI Animal Health®

Account information

Account name GATOS BORINCOON

Veterinarian or PI name _____

Mailing address 65 Pine St

City Franklin State MA Zip 02038

Phone 978-746-1345 Fax _____

Shipping address (no P.O. box) 65 Pine St

City Franklin State MA Zip 02038

County USA

Business type:

☐ University

☒ Non-profit

☐ Government

☐ Military

☐ Other _____

Check all that apply:

☐ Research

☐ Instructional

☐ Other _____

Federal tax ID no. 99-4225992

State veterinary license number or DEA license number - must submit copy

Contact preferences

Primary contact name Wendy Montanez-Ortiz

Phone 978-746-1345 Fax _____

Email wmontanez@gmail.com

Accounts payable contact name Wendy Montanez-Ortiz

Phone 978-746-1345 Fax _____

Email gatosborincoon@gmail.com

Required copies of documents

☐ State veterinary license (copy required to open an account) or (if no veterinarian on staff) a facility of researcher DEA license

☐ DEA license ☐ DEA due diligence documentation

☐ State controlled drug license (if applicable)

☐ 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

☐ ACH

☐ Electronic funds transfer

☐ Wire

☐ Other _____

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. As a retail or wholesale customer, I agree to the terms of MWI's VetOne Reseller Policy. I acknowledge that MWI has adopted a unilateral Minimum Advertised Price (MAP) Policy for its VetOne products, and MWI does not seek my agreement, or any assurance of compliance, with the MAP Policy. The VetOne Reseller Policy and MAP Policy can be found at <https://www.mwiah.com/terms-and-policies>.

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 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

Signature of applicant Wendy Montanez-Ortiz

Printed name Wendy Montanez-Ortiz Date 11/08/2024

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.

Signature of veterinarian or DEA holder _____

Printed name _____ Date _____



Shelters United Participation Agreement

This Agreement (the "Agreement") is entered into as of the date set forth below and outlines the terms upon which the customer identified below ("Animal Welfare Organization" or "AWO") may participate in pricing offered solely to organizations participating in Shelters United.

- 1. Purchase of Products:** Subject to the terms and conditions of this Purchase Agreement, Shelters United will make available veterinary products ("Products") to the AWO for purchase.
- 2. Pricing:** Shelters United will sell Products to the AWO at discounted rates
- 3. Terms and Conditions:**
 - AWO's participation in the Agreement will begin when signed by Customer and approved by Shelters United.
 - This Agreement is optional and may be canceled at any time. Shelters United, in its sole discretion, may remove any AWO from or cancel this agreement at any time.
 - If the AWO breaches any term of this Agreement, Shelters United may immediately void the agreement.
 - Any and all other agreements between Shelters United and the AWO will remain in effect until terminated in accordance with their terms.
 - All purchases under this Agreement are governed by standard Terms of Sale, which can be amended at any time, and any written agreement between Shelters United and the AWO.
 - Terms of Sale as of the date of this Agreement can be found at [Terms of Sale | MWI Animal Health \(mwiah.com\)](#).
 - AWO acknowledges that the terms of this Agreement are confidential and will not be disclosed.
- 4. Representation and Warranty:** The AWO represents and warrants to Shelters United that it is authorized to participate in the Shelters United Agreement.

To be completed by an AWO Authorized Agent:

Facility / Account Name: GATOS BORINCOON

Facility Physical Address: 65 Pine St

EIN Number: 99-4225992

Name: Wendy Montanez-Ortiz **Title:** Director

Phone: 978-746-1345 **Email Address:** wmontanez@gmail.com

Signature: Wendy Montanez-Ortiz **Date:** 11/08/2024