

CUSTOMER INF	ORMATION				
Practitioner Name	e				
DVM License No	State(s) Licensed In				
Business Name					
			Nived Destina		
Practice Type	☐ Small Animal ☐	☐ Equine ☐	Mixed Practice	☐ Zoo / Exotic	
	☐ Education. / Research	☐ Other:			
Full Time Vets on Staff		Da	ate Opened		
<b>Email Address</b>		Busine	ess Phone #		
	I would like to stay up-to-date Animal Health devices.	I would like to stay up-to-date with the latest news, products, offers, and updates related to Trudell Animal Health devices.			
BILLING INFORM	MATION				
Purchasing					
Contact	Pho	ne	Email		
Address			City		
State	Z Cod	ZIP de	Country		
T. 1.5	If you are toy average places on			tota fadaval MAT	
Tax Information:  Please provide VA	If you are tax exempt, please en	iciose arry sales tax ex	emption certificates (s	late, lederal, VAT)	
where applicable (E		Т#	EORI		
SHIPPING INFOR	RMATON □SAME AS BILLING	2			
	MINATON BANIL AS BILLING		2"		
Address			City		
State	ZIP Code	е	Country		
ORDERING AND	PAYMENT OPTIONS				
<ul><li>Upon account creati to the site from custo</li><li>When logged in, you</li></ul>	ed online at <u>TrudellAnimalHealth.com</u> ion, you will be emailed a password to I omerservice@tmimd.com u will have access to veterinary pricing.	login payments.  • Please contac	edit card (VISA, MasterCa	•	
<u> </u>	uirements are 3 units of any chambers				
AGREEMENT					
By signing below, yo	ou certify that all information above	e is true and accurate.			
Signature of Finar Responsible Party			Date:		