



Compounding Pharmacy

New Clinic Registration Form

9550 S. State Street, Sandy, UT 84070

Fax form to 866-725-8805 or email to prescriptions@mfvcompounding.com

Any questions call: 888-467-7779

Clinic Name: _____

Phone #: _____ Fax #: _____

Email Address: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Prescriber Name: _____ State License #: _____

Person(s) in charge of ordering: _____

PRESCRIBER'S SIGNATURE _____

Payment/Billing Preference:		If CC is used for payment:	
<input type="checkbox"/>	Credit Card Every Order	<input type="checkbox"/>	Email Receipt
<input type="checkbox"/>	Email Invoice with Payment Link	<input type="checkbox"/>	Mail Receipt
<input type="checkbox"/>		<input type="checkbox"/>	No Receipt Needed

If you choose to pay with a credit card, please provide the following information:

Credit Card #: _____ Code: _____ Exp Date: _____

Name as It Appears on Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

CONDITIONS OF SALE

Please Initial Below

- _____ RETURNS: No merchandise may be returned without our authorization.
- _____ CLAIMS: Claims for loss, damage in shipment, or any other reason must be made within five days.
- _____ PRICES: Payment is due at time of service. NSF checks are subject to a \$25.00 fee. Accounts over 180 days PAST DUE go to collection and will be assessed a 40% collection fee. Past due invoices will be subject to 1.5% monthly service charge (18%APR).

By signing this form, you are authorizing MFV Compounding Pharmacy (aka Meds for Vets, LLC) to do business with your company per these terms. Further, these signatures give us permission to charge the above card as instructed. The card details will be stored in your account profile and will only be used for approved purchases.

To make changes to your payment/billing options and information, call 801-676-6126.

Signature of Person Responsible for Payment: _____ Title: _____

Print Name: _____ Phone: _____ Email: _____