

To: Customer Accounts
Fax #:
Email: customer.accounts@midwestvet.net

Below are the following documents for opening a new account

YES NO IF NO, EXPLAIN

- **Signed New Account Application** _____
- **DEA License - Copy Required** _____
- **State Controlled Substance License if applicable - Copy Required** _____
- **State DVM License Information - Copy Required** _____
- Internal Use - Validated By:
- **DVM/DEA Authorization** _____
- **Ohio TDDD if applicable - Copy Required** _____
- **Florida HCCE if applicable - Copy Required** _____
- State Resale/Exemption Certificate
- MVS Sale Tax Exempt Request Form
- CHECK HERE: If you are exempt from ALL tax** _____
- Please provide your letter of exemption and or resale certificate _____

FROM _____ Date: _____
Practice: _____
Doctor: _____

**Please allow 1-2 business days after all information is received for the account to be opened.*