



ANIMAL HEALTH

EXTENDED PAYMENT AGREEMENT

A Henry Schein Company

The undersigned, having completed a Butler Schein Animal Health™ credit application in conjunction with this agreement, hereby applies to Butler Schein Animal Health™ for the Extended Payment Program of \$_____ . (Enter amount not to exceed \$ 15,000.00 nor be less than \$ 1,000.00)

The applicant understands that to be qualified for the Extended Payment Program, the applicant must be establishing a new veterinary practice or opening an additional practice and meet Butler Schein Animal Health™ (BSAH) credit qualifications as determined by BSAH's Credit Department.

If the Extended Payment Program is approved by BSAH, the undersigned will be granted special payment terms on purchases from BSAH up to the approved amount or the total amount of purchases made within a 90-day period from the date of approval, whichever occurs first.

The special payment terms require that the balance on the qualified purchases will be paid on an installment payment plan. The total amount of the qualified purchases (up to the amount of the approved Extended Payment Program or the total amount of purchases made during the 90-day purchases period) will be divided into ten (10) equal monthly installments. The monthly installments will be due beginning the month after the 90-day purchase period or when the purchases have equaled the established Extended Payment Program limit, whichever comes first.

The applicant understands and agrees to the terms of the Extended Payment Program as specified above and agrees that all purchases made from BSAH are governed by BSAH's Terms and Conditions of Sale, of which the applicant has received a copy.

Applicant's Signature

Date

Applicant Information:

Name _____

Practice Name _____

Address _____

City _____ State _____ Zip Code _____

Credit Department Use Only

Butler Schein Animal Health™ has approved Extended Payment Program for the above applicant in the amount of \$_____ .

Credit Approval

Date

First Installment is Due _____

Installment Amount _____

Account # _____

Please return form in its entirety to Butler Schein Animal Health™ Credit Department
Fax# 614-760-0639 Corporate Office: PO Box 7153 Dublin OH 43017-0753