

FLORIDA LICENSE USE AUTHORIZATION FORM

Veterinarian's Name: _____

Address: _____

Dear _____,

Merritt Veterinary Supplies, Inc. has been notified that you have authorized _____ to use your veterinary license to order products that require a veterinary license for purchase.

If this arrangement is satisfactory, please sign below and return to Merritt.

Mail: Merritt Veterinary Supplies, Inc. | 1520 Pineview Road | Columbia, SC 29209

Fax: 803.695.6909 | Accounting

We appreciate your help in protecting your account from unauthorized uses of your name and/or professional licenses.

Joan Gathers, Accounting Manager

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_____ has my authorization to use my veterinary license to order products that require a license to purchase.

Dr. Signature: _____

Print Name: _____

Date: ____/____/____