

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.

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

.....

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

Dr. Signature: _____

Print Name: _____

Date: ____/____/____

SEND FORM TO
ACCOUNTING:

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

Phone: 803.695.1698
Fax: 803.695.6909
Email: accounting@merrittvet.com

