



COOK ANIMAL HEALTH, INC.  
501 N ROGERS STREET, SUITE A  
BLOOMINGTON, IN 47404-3730 USA  
PHONE: 812.336.9215 TOLL FREE: 833.542.4963  
WWW.COOKANIMALHEALTH.COM

March 27, 2018

To Whom It May Concern:

Thank you for your interest in Cook Animal Health products. To expedite your request, **please copy/paste the Letter of Intent questionnaire below on your company letterhead with contact information.** Once completed, return to the Cook Animal Health personnel listed below.

### **Letter of Intent to Purchase Cook Animal Health Products**

In order for Cook Animal Health to process your order request, we do require each of the following questions be answered in full to facilitate timely processing.

- 1) Company website address along with a billing and shipping address, contact name, email, and phone for your facility.
- 2) Describe the service(s) your company provides.
- 3) List intended use of purchased products. *If intended use is for research and development or clinical research, please describe. Note, these products can be used only on animal patients.*
- 4) If you intend to re-sell these products, please provide distribution territory information.

**Thank you for your business.**

**Please return the completed Letter of Intent to:**

Cook Animal Health, Inc.

[CAH.Orders@CookAnimalHealth.com](mailto:CAH.Orders@CookAnimalHealth.com)



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**Date:**

**Please check box(s):**

- New account - effective date
- Veterinarian change - effective date
- Ownership/Responsible party change - effective date
- New 'Ship To' location - effective date

Billing account name

Name of organization

Type of business

Primary veterinarian name

State practitioner's license #

Your Federal ID #

Yes  No Is your facility state sales tax-exempt?

If yes, please return a copy of your tax exemption certificate with this letter of intent. Note, devices are NOT tax exempt

Responsible party for payments

Name

Phone

Email

Billing Address

Shipping address if different than billing address

If you would like to have your invoices and statements e-mailed to you, please provide the following information.

E-mail Address for Invoices:

E-mail Address for Statements:

We have several options for ordering:

- By phone: 833-542-4963 option #3
- By Email: [CAH.Orders@CookAnimalHealth.com](mailto:CAH.Orders@CookAnimalHealth.com)

Please submit this form to [CAH.Orders@CookAnimalHealth.com](mailto:CAH.Orders@CookAnimalHealth.com)

or click the SUBMIT FORM icon to attach this completed form in an email for you.



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## Customer ACH Enrollment Form

The Customer ACH Enrollment Form is for Cook Animal Health Customers. ACH is the preferred form of payment as it supports “Go Green” initiatives and is more secure.

**Please email or send the completed & signed form to:**

**Email:** [remit@cookmedical.com](mailto:remit@cookmedical.com)

**Mail to:** PO Box 4195, Bloomington, IN 47402 Attn: Animal Health Accounts Receivable

### Company Information

<b>Company Name</b>	
<b>Customer Number</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Contact Name</b>	
<b>Phone Number</b>	
<b>Email address</b> (required to receive remittance)	
<b>Email address</b> (for Statements)	
<b>Fax Number</b>	
<b>Backup Contact</b>	
<b>Backup’s Email</b>	

By signing up for ACH, you are agreeing to electronic invoicing and statements. You are also agreeing to be responsible for submitting remit information to [remit@cookmedical.com](mailto:remit@cookmedical.com) within 2 days of submitting payment.

Questions:

Contact Accounts Payable – 833.542.4963 option 5

General Account Questions – 833.542.4963 option 3 or

[CAH.Orders@cookanimalhealth.com](mailto:CAH.Orders@cookanimalhealth.com)