

**YAKIMA HUMANE SOCIETY**  
**SPAY & NEUTER CLINIC SERVICES**  
**VOLUME CLIENT APPLICATION**



**ORGANIZATION INFORMATION**

Legal Name:

Physical Address:

City:

State:

Zip Code:

Business Phone:

Business Fax:

Mailing Address (*if different*):

City:

State:

Zip Code:

501c3 nonprofit?

Yes  No

Federal ID #:

How long has your organization been in operation?

Organization Type:

Animal Shelter  Rescue Group  TNR Group  Other: \_\_\_\_\_

Animal Type:

Dogs  Cats  Community Cats  Other: \_\_\_\_\_

Primary Contact:

Title:

Cell Phone:

Other Phone:

Email:

Microchip Registration Email:

**BILLING INFORMATION**

Primary Billing Contact:

Cell Phone:

Other Phone:

Email:

Secondary Billing Contact:

Cell Phone:

Other Phone:

Email:

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**BUSINESS/TRADE REFERENCES**

Company Name:		Account Opened Since:	
Address:			
City:		State:	
		Zip Code:	
Contact Name:		Phone:	
Company Name:		Account Opened Since:	
Address:			
City:		State:	
		Zip Code:	
Contact Name:		Phone:	
Company Name:		Account Opened Since:	
Address:			
City:		State:	
		Zip Code:	
Contact Name:		Phone:	

**AGREEMENT**

1. All invoices are due and payable upon receipt. Finance charges of ONE AND ONE HALF PERCENT PER MONTH, AN ANNUAL PERCENTAGE RATE OF 18% will be assessed upon all invoices not paid within fifteen (15) days of the date of the invoice. In no event will the FINANCE CHARGE exceed the maximum lawful rate of the state whose laws govern.
2. Claims arising from invoices must be made with seven (7) working days.
3. By submitting this application you hereby certify that the information contained herein is complete and accurate.
4. By submitting this application, you authorize the Yakima Humane Society to make inquiries into the business/trade reference that you have supplied.

**SIGNATURES**

Signature:		Title:		Date:	
Signature:		Title:		Date:	