

New Customer Form



If you are interested in becoming a VetWelding customer, please complete the following form and send the completed form to us via orders@vetwelding.com. Please complete any and all fields that apply.

ACCOUNT INFORMATION

doctors name

company name

street

city / town

state / province

zip / postal code

country

phone

email

website



ORDERING / SHIPPING INFORMATION

contact name

phone

email

V.A.T. # (required by customs for shipments in the EU)

E.O.R.I # (required by customs for shipments in the EU)

special instructions

shipping address, if different from above

street

city / town

state / province

zip / postal code

country

BILLING INFORMATION

billing address, if different from shipping

street

city / town

state / province

zip / postal code

country

phone

email

Billing method: Invoice