



# INDEPENDENT PHARMACEUTICAL

Independent Pharmaceutical

854 E Crescentville Rd. West

Chester Ohio 45246

Phone: 888-258-5036 | Fax: 844-668-8628 Email:

accounting@independentpharma.com

## Credit Application

### Business Information

Legal Name		Trade Name (dba)	
<i>Related Accounts</i>			
DEA Number		BOP Lic. Number	
DEA Expiration		State Expiration	
Shipping Address		Billing Address	
Shipping GLN#		Billing GLN #	

Is the facility dually licensed as a pharmacy and a distributor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the facility a co-located operation consisting of a pharmacy and a distributor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to either question, please explain		
If you are a distribution facility, is your distribution facility registered and current in the FDA WD/3PL Database	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are a distribution facility, are you VAWD accredited or VAWD Pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Contact Information

Phone Number		Owner's Name	
<i>Adtl Phone Number</i>		Buyer's Name	
Fax Number		Buyer's Email	
Payable Contact		Payable Phone	
Payable Email		Payable Fax	

Applicant Certifies that the information contained heron is true and correct and furthermore authorizes Independent Pharmaceutical to make any inquiries necessary for verification purposes of the information provided. The Applicant agrees that all credit and sales made shall be subjected to the following terms and conditions: (1) Applicant shall pay the full amount of the invoice(s) when due, which is defined to be thirty (30) days from the invoice date unless otherwise agreed to in writing by Independent Pharmaceutical; (2) if payment in full is not received by the due date, in addition to the invoice amount, Applicant may be subject to late fees up to the maximum allowed by law on all unpaid balances, plus costs of collection, including, but not limited to, attorney fees, court costs, and collection fees the Independent Pharmaceutical may incur in recovering the amount that is owed; (3) Applicant agrees the venue and jurisdiction for any such action shall be held in Butler County, OH the principal place of business of Independent Pharmaceutical.

I further Certify that I am an officer of Applicant, and that I am empowered and authorized to enter into the aforesaid Agreement and Applicant's behalf

Authorized Signer's Name -- PLEASE PRINT

Title

Date

Authorized Signature

Sales #

Choose One:

 New  Old