



854 E Crescentville Rd. West Chester, Ohio 45246 Phone: 888-258-5036 Fax: 844-668-8628

BUSINESS INFORMATION

Legal Name			
Trade Name (DBA)			
<i>Related Accounts</i>			
DEA License Number		State License Number	
DEA License Expiration		State License Expiration	
Billing Address		Shipping Address	

CONTACT INFORMATION

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

INDUSTRY REFERENCES

Primary Wholesaler		Account Number	
Address		Phone Number	
Other Supplier		Account Number	
Address		Phone Number	

BANK REFERENCE

Bank Name		Account Number	
Address			
		Phone Number	

Applicant Certifies that the information contained herein is true and correct, and further 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 subject 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's fees, court costs, and collection fees that Independent Pharmaceutical may incur in recovering the amount that is owed; (3) Applicant agrees that venue and jurisdiction for any such court 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, knowledgeable for the financial condition of Applicant, and that I am empowered and authorized to enter into the aforesaid Agreement on Applicant's behalf.

Authorized Signer's Name- PLEASE PRINT Title Date

Authorized Signature

Sales #		Choose One:	New	Update
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