



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

BUSINESS INFORMATION

Legal Name		Trade Name (dba)	
Related Accounts			
DEA Number		BOP Lic. Number	
DEA Expiration		State Expiration	
Shipping Address		Billing Address	

Is the facility dually-licensed as a pharmacy and a distributor?	Yes	No
Is the facility a co-located operation consisting of a pharmacy and a distributor?	Yes	No
If Yes to Q. 1 or Q. 2, please provide explanation:		
If you are a distribution facility, is your distribution facility registered and current in the FDA WD/3PL Database?	Yes	No
If you are a distribution facility, are you VAWD accredited or VAWD pending?	Yes	No

CONTACT INFORMATION

Phone Number		Owner's Name	
Adtl Phone Number		Buyer's Name	
Fax Number		Buyer's Email	
Payable Contact		Payable Phone	
Payable Email		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

Sales #		Choose One:	New	Update
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Authorized Signature