



CREDIT APPLICATION

BILL TO: SHIP TO: COMPANY NAME: ATTN: ADDRESS: ACCTS PAYABLE MGR: PHONE: FAX: PHARMACY PURCHASER: PHONE: FAX: EMAIL:

COMPANY INFORMATION:

TRADE REFERENCES:

Trade Name: if DBA, specify affiliation: Federal Tax ID#: DUNS# Have you ever filed Bankruptcy? NO YES If yes, when? Status:

1.) Company Name: Phone: Contact: 2.) Company Name: Phone: Contact: 3.) Company Name: Phone: Contact:

BANK REFERENCES:

Bank Name: Acct Number:

*The following companies will not give a credit or trade reference: Abbott, Allegiance, Amerisource-Bergen, Bayer, Baxter, Boise, Cascade, Fed-Ex, McKesson, Medline, Merck, Office Depot, Pfizer, Wyeth

Credit Terms and Conditions:

This application is submitted to Optimal Pharmaceuticals for the purpose of obtaining credit. The undersigned represents and warrants that all information contained herein is current, correct, complete and that Optimal Pharmaceuticals may rely on such information in deciding to extend or discontinue credit.

The undersigned agrees to pay in a timely manner all debts, accounts, and invoices owing to Optimal Pharmaceuticals in full accordance with the agreed upon terms of sale.

Terms of payment for all orders are: Hospitals Net 30 days from the date of invoice. Wholesalers Net 15 days from the date of invoice unless otherwise agreed to in writing by the client and Optimal Pharmaceuticals.

Prices billed are the prices in effect at the time the customer's order is accepted by Optimal Pharmaceuticals. Prices are subject to change without notice. Any errors and/or discrepancies in orders must be reported by the customer within four days of the receipt of product.

Authorized Buyer Signature (Required)

Print Name (Required)

Date