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## **CREDIT APPLICATION** BILL TO: **SHIP TO: COMPANY NAME: COMPANY NAME:** ATTN ATTN: **ADDRESS: ADDRESS:** ACCTS PAYABLE MGR: PHARMACY PURCHASER: PHONE: PHONE: FAX: FAX: EMAIL: **COMPANY INFORMATION:** TRADE REFERENCES: Trade Name: 1.) Company Name: Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ if DBA, specify affiliation: \_\_\_\_\_ Federal Tax ID#:\_\_\_\_\_DUNS# \_\_\_\_ 2.) Company Name: \_\_\_\_\_ Phone: Contact: Have you ever filed Bankruptcy? NO \_\_\_\_\_YES \_\_\_\_ If yes, when? Status: 3.) Company Name: Phone: Contact: \_\_\_\_\_ **BANK REFERENCES:** \*The following companies will not give a credit or trade reference: Bank Name: Abbott, Allegiance, Amerisource-Bergen, Bayer, Baxter, Boise, Cascade, Fed-Ex, McKesson, Medline, Merck, Office Depot, Pfizer, Acct Number: **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 notify Optimal Pharmaceuticals immediately, in writing, of any changes in the forgoing information including, without limitations, any change in the nature of the business, ownership, name or location of the business or financial condition of the undersigned. Optimal Pharmaceuticals may limit or discontinue any credit at its sole discretion at any time. The undersigned authorized Optimal Pharmaceuticals and any credit agency or any investigative service engaged by Optimal Pharmaceuticals to verify or otherwise investigate any information contained herein, or references listed, statements, reports, or other information obtained with respect to the undersigned from any other source as Optimal Pharmaceuticals deems appropriate. 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. The undersigned agrees that in the event such debts, account, or invoices are not paid when due, they will accrue late charges at the rate of 18% per annum of the maximum rate allowed by law, whichever is the lesser rate. 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. Credits for returned merchandise will be issued only for items that are authorized by Optimal Pharmaceuticals, in writing, for return and will be credited to the customer's account to apply toward future purchases. Said credits will be issued at the original purchase price shown on the invoice or the current price, whichever is less. Items returned due to customer's error or overstocking are subject to a 20% handling charge. Any item returned for credit must be sealed in its original package, unmarked, within expiration date and have been stored and shipped in compliance with USP drug monographs, FDA guidelines, the manufacturer's, and any other applicable requirements, which customer may be require to certify. Dated products, refrigerated products, special order products and products with opened containers or packaging are not returnable unless otherwise agreed to by Optimal Pharmaceuticals. Optimal Pharmaceuticals is not responsible for merchandise returned without authorization and reserves the right to reject the same and charge the customer for any shipping or other charges incurred. Authorized Buyer Signature (Required) Print Name (Required) Date