

Phone: (844) PRX-MEDS Fax: (800) 626-5004 Email: sales@ProficientRxMeds.com

Account Info:

Business Entity Name: _____ TIN: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Yrs. In Bus: _____
 A/P Contact: _____ Phone: _____ Email: _____
 Authorized Purchaser: _____ Phone: _____ Email: _____
 DEA #: _____ Exp. Date: _____
 Practitioner's License #: _____ Exp. Date: _____
 State Pharmacy License #: _____ Exp. Date: _____
 HCCE Permit #: _____ Exp. Date: _____
(If located in FL and don't have Pharmacy License please provide HCCE)

Hours of Operation:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Organization of Business (Check One):

Sole Proprietor Limited Liability Partnership Corporation

Please Select One Type of Account

Credit Card (no terms – no extra charge) **Terms Net 30** **Auto Debit -1% Discount**
 Please Complete CC Auth Form (Page #3)

Company Officers/Owners

Name: _____ Position: _____ SSN: _____
 Address: _____ Phone: _____
 Name: _____ Position: _____ SSN: _____
 Address: _____ Phone: _____

Banking Information

Institution Name/Address: _____
 Telephone: _____ Contact: _____ Acct. #: _____
 For Auto Debit Accounts only - ABA #: _____

Trade References

Name: _____ Acct. #: _____ Phone: _____
 Name: _____ Acct. #: _____ Phone: _____
 Name: _____ Acct. #: _____ Phone: _____



New Account Information & Credit Application

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Shipping Terms & Conditions: Order minimum for prepaid express freight is \$250.00. All orders under \$250.00 will ship ground. Generally the carrier will be UPS or Fed-Ex.

Payment Terms: An invoice will accompany each order shipped. The net invoice amount is due based upon your agreed upon terms. Proficient Rx will send you an account statement regularly or upon request.

Damaged Shipments: Contact Proficient Rx immediately at 1-800-787-7824. Please keep the original shipping box with packing materials and product for inspection. Proficient Rx will arrange for this inspection to claim for damages and proper credit. If items are missing from your order, recheck the contents against the enclosed packing slip. If a shortage has actually occurred, you must call Proficient Rx within 24 hours in order to receive proper credit. The DEA will be notified on all controlled substance products that are reported damaged or missing.

Returned-Goods Policy: Proficient Rx reserves the right to refuse to issue credit on any merchandise due to damages, special orders, excessive purchases, or unusual requests. Credit returns will generally be accepted at the sole discretion of Proficient Rx if product is returned within 7 days of shipping. All returns must be authorized by a Proficient Rx authorized representative in advance to receive proper credit. Any package shipped to Proficient Rx without prior authorization will be refused upon arrival. To obtain a return authorization number, call the customer service department at 1-844-PRX-MEDS.

Signature and Guaranty: "I, the undersigned, so hereby state that the above information and any information in any documents attached hereto is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I realize that you expect to investigate my credit. I authorize you to obtain (if you desire) a credit report from any credit reporting agency, including (among others) a consumer reporting agency. I further authorize any bank with whom I (or where appropriate, the corporation) am doing business to give all necessary information to you which will assist in your credit investigation, and release any claim I (and where appropriate, the corporation or limited liability company) may have for breach of contract or invasion of privacy because of information furnished to you. I understand and agree that this new account information form & credit application, when accepted by Proficient Rx, constitutes a binding agreement between the two parties hereto, and the terms of sale set forth above hereby constitute a part of this agreement. Also, I agree to pay the collection costs and reasonable attorney's fees incurred upon default of any of the charges due and consent that such costs and fees shall be made part of any judgment rendered thereon."

If this account is for a corporation or limited liability company, the undersigned(s) personally guarantee payment of all debt to Proficient Rx.

My signature below is as an officer of the corporation or member of a limited liability company and as a personal guarantor of any and all indebtedness of the account holder to Proficient Rx incurred hereunder.

Signed by: _____ Date: _____

Please Print Name: _____ Title: _____

Signed by: _____ Date: _____

Please Print Name: _____ Title: _____

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CREDIT CARD AUTHORIZATION AGREEMENT

I, _____, the holder of (check one, please):

VISA__ MasterCard__ American Express__ Discover__

Card Number: _____, Expiration Date ____/____ ,
and Pin Number _____ (3 digits for Visa and MasterCard; located on the back of the card
or 4 digits for American Express; located on the front of the card), hereby authorize Proficient
Rx to charge my credit card upon purchase of goods.

Cardholder Name: _____

Company Name: _____

Cardholder Signature: _____ Date: _____

Billing Address: _____

City, State, Zip: _____

Telephone: _____

Fax this completed form to: (800) 626-5004