



Sales Rep.: \_\_\_\_\_

**BUSINESS CONTACT INFORMATION**

Pharmacy Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Person Completing Application: \_\_\_\_\_ Title: \_\_\_\_\_  
Physical Pharmacy Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_  
**Billing Address (If different than above):** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**LICENSE INFORMATION**

State License #: \_\_\_\_\_ DEA# or HIN#: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
NPI #: \_\_\_\_\_  
Tax ID Number: \_\_\_\_\_ Date Business Commenced: \_\_\_\_\_  
Business Type:  Partnership  Corporation  LLC

**ADDITIONAL INFORMATION**

Buyer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
A/P Contact Name: \_\_\_\_\_ A/P Phone: \_\_\_\_\_ A/P Email: \_\_\_\_\_

**REFERENCES**

Vendor 1: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_  
Vendor 2: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_  
Vendor 3: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_



**Terms of Sale:**

**Payment and Charges:** The terms of payment and charges for each purchase are those specified on the face of each invoice. The customer agrees to pay all collection costs and legal fees if action is necessary due to non-payment.

**Credit Information:** The information provided is willingly supplied, and the creditor is authorized to contact the listed bank and trade references to establish the creditworthiness of the company named above. If the applicant is not a corporation, the creditor is authorized to obtain credit reports on the proprietors, partners, or principals.

**Credit Availability:** If credit is granted by the creditor, all decisions regarding the extension or continuation of credit will be at the sole discretion of the creditor. The creditor may terminate credit availability at its sole discretion. Credit terms are NET 30 upon approval.

**Discontinuation of Deliveries:** SDS Pharma reserves the right to discontinue any and all deliveries if an invoice is sixty (60) days past due.

**Confidentiality:** Applicant and SDS Pharma shall maintain the confidentiality of each other's proprietary information, including but not limited to, marketing strategies, business plans, financial data, bank accounts, policies, procedures, and other informational material.

**Indemnification:** The applicant shall indemnify and hold harmless SDS Pharma, its affiliates, successors, assigns, and their respective officers, directors, employees, and agents, from any and all claims, demands, losses, damages, liabilities, actions, judgments, costs, and expenses (including settlements, judgments, court costs, and reasonable attorneys' fees) of any nature whatsoever (collectively, the "damages") arising out of or resulting from any grossly negligent or willful act or omission by the applicant, or the applicant's failure to perform any obligation or covenant in this agreement, except to the extent that the damages arise from the grossly negligent or willful acts or omissions of SDS Pharma.

**SIGNATURES:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_