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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 Name: _____

if DBA, specify affiliation: _____

Federal Tax ID#: _____ DUNS# _____

Have you ever filed Bankruptcy? NO _____ YES _____

If yes, when? _____ Status: _____

BANK REFERENCES:

Bank Name: _____

Acct Number: _____

TRADE REFERENCES:

1.) Company Name: _____

Phone: _____ Contact: _____

2.) Company Name: _____

Phone: _____ Contact: _____

3.) Company Name: _____

Phone: _____ Contact: _____

*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 *Priority Pharmaceuticals* for the purpose of obtaining credit. The undersigned represents and warrants that all information contained herein is current, correct, complete and that *Priority Pharmaceuticals* may rely on such information in deciding to extend or discontinue credit. The undersigned agrees to notify *Priority 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. *Priority Pharmaceuticals* may limit or discontinue any credit at its sole discretion at any time. The undersigned authorized *Priority Pharmaceuticals* and any credit agency or any investigative service engaged by *Priority 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 *Priority Pharmaceuticals* deems appropriate.

The undersigned agrees to pay in a timely manner all debts, accounts, and invoices owing to *Priority 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: Net 30 days from the date of invoice, unless otherwise agreed to in writing by the client and Priority Pharmaceuticals.

Prices billed are the prices in effect at the time the customer's order is accepted by *Priority 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 *Priority 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 *Priority Pharmaceuticals*. *Priority 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