



NEW ACCOUNT APPLICATION

Phone - 516-374-0920  
Fax - 516-374-0972

Business Name:		DBA:	
Bill To Address:			
City:	State:	Zip:	
Ship To Address:			
City:	State:	Zip:	
Phone:	Fax:	Email: (valid email address is required for regulatory notifications)	
Tax ID or SS#:		Years Under Current Ownership:	
DEA#:	EXP Date:	HIN#	EXP Date:
State License#:		EXP Date:	
Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.C. <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			
Business Type: <input type="checkbox"/> Retail Pharmacy <input type="checkbox"/> Institutional/Hospice <input type="checkbox"/> Veterinarian <input type="checkbox"/> Wholesaler <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> LTC <input type="checkbox"/> Mail Order/PBM <input type="checkbox"/> Specialty			
Average Scripts per Day (or equivalency):		Specialty:	
Officers of Owners:			
Name:	Position:	Percentage of Ownership:	
Name:	Position:	Percentage of Ownership:	
Authorized Buyer Name:		Phone:	
Accounts Payable Contact:		Phone:	
Do you Require a Monthly Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No		How should the statements be sent: <input type="checkbox"/> Email <input type="checkbox"/> USPS	
Credit Limit Requested: \$		(If Email):	
CREDIT INFORMATION			
Bank Name:		Account No.:	
Account Type: <input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Name that appears on Account:			
Bank Contact:		Phone:	
BUSINESS INFORMATION			
Own or Rent Business Location? :		(If Rent) Landlord's Name:	
Years at current location? :			
Has Business or Principal Owner filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		(if yes) Which State?: Year?:	
Has applicant or Business ever been convicted of a felony or expelled from a government payment program such as Medicaid or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes please list details:			



TRADE REFERENCES (NON-DRUG SUPPLIER)

Name:	Phone:	Fax:
Name:	Phone:	Fax:
Name:	Phone:	Fax:

PLEASE ENTER ALL INFORMATION AND SIGN TO AVOID DELAYS

The above information is for the purpose of obtaining commercial credit and is warranted to be true and correct. If Pharmsaver.net or its agents consider a credit report relevant and necessary to assisting this request for credit, the undersigned authorizes Pharmsaver.net or its agents to obtain from a credit reporting agency a credit report containing personal credit information about the applicant. The undersigned authorizes Pharmsaver.net or its agents to investigate the references listed pertaining to the applicant's credit and financial responsibility. A copy of this application shall be deemed as an original. The applicant by signing this credit application hereby agrees to abide by all the terms and conditions listed by each wholesaler in this agreement. These terms and conditions will also be posted on the 'Document' section of Pharmsaver.net.

Authorized Signature (Required) & Date:	Printed Name of Authorized Signer (Required)
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### Compliance Agreement

I authorize PharmSaver to receive, process, and store all transactional data related to any purchases generated from participating wholesalers that have approved the pharmacy(ies) on the PharmSaver platform for the following pharmacy(ies) listed below:

Pharmacy name	Pharmacy #2 (if applicable)
Authorized Signature	Printed Name
Date	



### Corporate Guarantee

1. Payments terms are set forth on the invoices. Any payments not received on or before the date(s) set forth on the invoices shall be deemed late. Should the due date fall on a holiday or weekend, then payment is due at “Wholesaler” on the preceding business day.
2. Applicant warrants that all information set forth in this application is a true representation for the purpose of obtaining credit, goods, and services from “Wholesaler”. Any willful misrepresentation shall constitute a default by the Applicant in its agreement with “Wholesaler”, and shall result in disqualification of Applicant as a customer.
3. GUARANTEE – The undersigned guarantees prompt and full performance of all obligations due and owing by Applicant to “Wholesaler” under this and/or any other agreement with “Wholesaler”. In the event of default, “Wholesaler” and/or any holder hereof is authorized to proceed against the undersigned guarantor, without first having to proceed against Applicant, for the full amount due, including late payment charges and interest. The undersigned further agrees to reimburse “Wholesaler” all costs of collection, including reasonable attorneys’ fees. The undersigned waives presentment, demand, protest, notice of protest, notice of dishonor and any and all other notices or demands of whatever character to which the undersigned might otherwise be entitled. The undersigned further consent to any extension granted by “Wholesaler” and waives notice thereof. If more than one guarantor, the obligation of each shall be joint and several. Termination of this guarantee must be in writing, signed by “Wholesaler” and undersigned, and in such event, shall only apply as to future obligations.
4. The undersigned, having the authority to bind the Applicant, acknowledges having read and reviewed this document, and further warrants, covenants and agrees to pay and perform all of the obligations secured by this Credit Application according to the stated terms.

Authorized Signature (Required) & Date:	Printed Name (Required)
Company Name:	Federal Tax ID
Address:	