



Resource Rx

APPLICATION FOR CREDIT

Legal Name of Business:		DBA:	
Bill to Address:		City:	State: Zip:
Ship to Address:		City:	State: Zip:
Phone:	Fax:	e-mail:	
DEA #:	Exp Date:	State License #:	Exp Date:
Tax ID #:		NPI #:	Years in Business:
Accts Payable Manager:		e-mail:	
Buyer's Name:		e-mail:	
Ownership (check one): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		Requested Credit Line: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$100,000+	
Owners or Officers: Name:		Phone Number:	

Primary Wholesaler, Bank, D&B Number, and Trade References are required information

Primary Wholesaler:		City:	State:
Account #:		Phone:	
Bank Name:		Contact:	
Account #:	Phone:	Fax:	
D&B #:			
Trade References			
Name:	Account #:	Phone:	
Name:	Account #:	Phone:	

Authorized Signature\*: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZATION TO INVESTIGATE CREDIT: The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

\* By signing Applicant acknowledges that it is requesting Resource Rx LLC to provide their request for credit to each Supplier. Resource Rx LLC represents and Applicant agree to the Supplier(s) Terms and Conditions including those set on page 2 of this application. Resource Rx LLC will at the request of the Application provide a list of Suppliers to whom the Application for Credit is being provided.

This Application for Credit is provided as a convenience to Customers, eliminating the need to complete individual credit applications from multiple Suppliers. Resource Rx LLC does not approve or extend credit.

- New Customers:** Credit will be extended at the sole discretion of each Supplier. By signing, the Customer represents that all information contained herein is correct and complete and that the Supplier(s) may rely on such information in deciding to extend or discontinue credit. Each individual Supplier retains the right to extend or not extend credit and the amount of said credit to be extended.
- Standard Payment Terms:** Net 30 days for Generics. Net 15 days for Branded. Subject to credit approval. Past due accounts subject to cancellation.
- Payment Method Accepted:** Mailed check or electronic payment made to the Supplier that invoiced the Customer.
- Credit Card Payments:** Should Customer elect to pay Supplier(s) utilizing a credit card, accepted by the Supplier, Supplier(s) may add up to 2.75% to the cost of the product.
- Credit Limits:** Customers are normally given a credit line sufficient to accommodate their order requirements. Requests for credit limit increase may require additional financial information and/or altered payment terms.
- Finance Charge:** Accounts 30 days or more past due will incur a finance charge of 1.5% per month (18% annum). The customer hereby agrees to pay all costs of collection and legal fees should such action be necessary due to non-payment.
- DEA & State License** Customer acknowledges that current DEA Certificate and State Licenses have been provided with this Application for Credit. Failure to provide DEA Certificate and State License with this Application for Credit may delay credit approval. A list of other locations should be attached and copies of State License provided.
- Permissions:** Customer grants permission to Resource Rx LLC and Supplier(s) to send advertising and promotional materials to the emails(s) and fax numbers(s) provided and to call the phone numbers(s) provided for the purpose of soliciting business and/or accounts payable. This permission shall remain in effect until such time that the Customer provides written cancellation of their participation in the Resource Rx LLC programs.

Customer acknowledges and agrees that all pricing and inventory information provided by Supplier(s) constitutes confidential and proprietary information that Customer shall keep in the strictest confidence. Customer will not share such information with any third parties including without limitation other wholesalers, manufacturers or retailers. Supplier shall maintain the confidentiality of Customer's proprietary information.

**Fax Application for Credit with DEA Certificate and State License to 877-636-8115**