

Associated Pharmacies, Incorporated

211 Lonnie E Crawford Blvd, Scottsboro, Alabama 35769 Ph (800)243-8521 FAX (800)522-3335 www.apirx.com

APPLICATION FOR ACCOUNT

INSTRUCTIONS TO APPLICANT: Please print or type. Fill in all spaces and complete by signing where indicated. If applicant is a corporation, limited liability company or limited partnership, the signature must be that of an authorized officer, member, manager or general partner. If applicant is a general partnership, the application must be signed by all partners. For the activation of your account and to ensure proper rebates, ALL information requested below must be completed and copies of all licenses received.

THIS FORM IS AN APPLICATION ONLY, NOT VALID UNTIL ASSOCIATED PHARMACIES, INC., ACCEPTS AND COUNTERSIGNS THE APPLICATION AND PERSONAL GUARANTY.

DATE: ___ / ___ / ___ Salesman: _____
Applicant's/company's name: _____ Fed tax ID#: _____
D/B/A: _____ Is this entity a corporation? ___yes ___no
Physical address: _____ Mailing address: _____
City: _____ ST: _____ Zip: _____
Phone:(____) ____ - _____ FAX:(____) ____ - _____ Email address: _____
*DEA #: _____ NCPDP #: _____ *State pharmacy license #: _____
Dun & Bradstreet number: _____ *Sales tax number: _____

*** Copies of licenses and sales tax documents must be received before your account can be activated.**

Owner(s) Information:

Name: _____ Home address: _____ Year became owner: _____
Name: _____ Home address: _____ Year became owner: _____
Name: _____ Home address: _____ Year became owner: _____

Are you a member of another buying cooperative? ___yes ___no Which? _____

Payment method – Check one:

___ Fax check (Fax completed “Fax Check Transfer” form)
___ ACH debit (Fax “ACH Transfer” form & voided check)
___ Check

If API certificate holder, list certificate number: _____

	Initial Credit Line
Fax check or ACH (payment method) with personal guaranty	\$18,000
Check (payment method) with personal guaranty	10,000
No personal guaranty	5,000
Note: For increased line, send copies of last 2 yrs. tax returns or financials	

Average monthly purchases for resale from all vendors: _____

BANK REFERENCE

Name: _____ Address: _____
City: _____ ST: _____ Zip: _____ Phone number: _____
Account number: _____ Account officer: _____

TRADE CREDIT REFERENCES

Name: _____ Address: _____
City: _____ ST: _____ Zip: _____ Phone number: _____
Account number: _____ Account officer: _____
Name: _____ Address: _____
City: _____ ST: _____ Zip: _____ Phone number: _____
Account number: _____ Account officer: _____

Primary wholesaler: _____ Account number: _____

TRADE CREDIT REFERENCES (Continued)

Previous wholesaler (if with current less than 1 yr.): _____ Acct number: _____

As an inducement for Associated Pharmacies, Inc. ("API"), to accept orders from or otherwise extend credit or make available credit to the Applicant, the undersigned Applicant and Guarantor(s) hereby agree to the following, should API accept this application and elect to extend such credit:

1. Applicant and Guarantor(s) certify that the information provided by the Applicant and Guarantor(s) has been provided truthfully, accurately and voluntarily.
2. Applicant and Guarantor(s) authorize API to investigate their creditworthiness, credit history and financial responsibility through any credit bureau and by any other reasonable means, including direct contact with past and present creditors. Applicant and Guarantor(s) also authorize banks and other financial institutions to give information to API about their checking and/or savings account(s) and loans. This authorization is valid for so long as Applicant continues to purchase products and/or services from API. A copy of this authorization may be accepted as the original.
3. If credit is extended as a result of this application, Applicant and Guarantor(s) agree to make payment promptly to API in accordance with its policies and practices and in accordance with any terms and conditions indicated on its invoices. In the event of non-payment, Applicant and Guarantor(s) hereby agree to pay, in addition to the invoiced amounts, any late charges, reasonable attorney fees, court costs and other related expenses arising therefrom.
4. Associated Pharmacies, Inc., reserves the right at all times to limit or terminate the extension of credit and to modify its terms of sale.
5. Associated Pharmacies, Inc., has permission to send announcements of product offerings, events, or any other information it deems appropriate to the email address, telephone number, or fax number listed on page one of this application.

All transactions between API and Applicant shall be governed by and construed in accordance with the laws of the State of Alabama.

EXECUTED this _____ day of _____, 20_____.

Print applicant's legal name

Authorized signature:

Printed name: _____ Title: _____

PERSONAL GUARANTY

The undersigned Guarantor(s) hereby request API to accept this application and to sell goods and/or services to the Applicant on credit. To induce API to take these actions, the Guarantor(s) agree to the terms above and jointly and severally, absolutely, unconditionally, and irrevocably guarantee to API and its successors and assigns the prompt and full payment (and not merely the ultimate collectibility) and performance of all obligations of Applicant to API, whether now existing or hereafter arising. This is a continuing guaranty of all obligations, including those arising under successive transactions which shall either continue the obligations or from time to time renew them after they have been satisfied. This guaranty shall remain in effect until API actually receives and acknowledges written notice of its revocation as to future transactions, and even then, this guaranty shall be and remain effective as to obligations of the Applicant then outstanding. The Guarantor(s) hereby waive notice of acceptance hereof and the presentment, demand, protest, and notice of nonpayment or nonperformance or protest as to any note or obligation signed, accepted or delivered to API by the Applicant. The guaranty shall be binding on the Guarantor(s), their heirs, personal representatives, successors and assigns. The Guarantor(s) agree to pay reasonable attorneys' fees and all other costs and expenses which may be incurred by API in the enforcement of this guaranty. This guaranty shall be governed by and construed in accordance with the laws of the State of Alabama.

EXECUTED this _____ day of _____, 20_____.

Guarantor signature (must be owner)

Printed name

Guarantor signature (must be owner)

Printed name

Guarantor signature (must be owner)

Printed name

ASSOCIATED PHARMACIES, INC.

ACCEPTED BY: _____

Acceptance date: _____