Proficient Rx | MEDS

New Account Information & Credit Application

Phone: (844) PRX-MEDS Fax: (800) 626-5004 Email: sales@ProficientRxMeds.com

Bill To:

Bus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Ship To: ☐ **Bill To Same As Ship To**

Bus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

A/P Contact: _____ Phone: _____ Email: _____

Authorized Purchaser: _____ Phone: _____ Email: _____

TIN: _____ Type of Practice: _____ Yrs. In Bus: _____

Hours of Operation:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Organization of Business (Check One):

☐ Sole Proprietor ☐ Limited Liability ☐ Partnership ☐ Corporation

License Info: * LICENSING PROVIDED SHOULD MATCH SHIP TO ADDRESS *****

DEA #: _____ Exp. Date: _____ HIN #: _____

Practitioner's/Pharmacy License #: _____ Exp. Date: _____

HCCE Permit #: _____ Exp. Date: _____

(If located in FL and don't have Pharmacy License please provide HCCE)

In the event the address is not listed on the license provided or does not reflect the ship to address listed above, the signature below acknowledges that it is professionally associated with the listed ship to address.

The signature below acknowledges and approves the purchase of medications to be shipped and stored at the above listed ship to address.

Medical Practitioner/Pharmacist signature _____

Please Select One Type of Account

☐ **Credit Card (no terms – no extra charge)** ☐ **Terms Net 30** ☐ **Auto Debit -1% Discount**

Please Complete AP Contact Form (Page #3)

Company Officers/Owners

*Name: _____ Position: _____ SSN: _____

Address: _____ Phone: _____

Name: _____ Position: _____ SSN: _____

Address: _____ Phone: _____

Banking Information

Institution Name/Address: _____

Telephone: _____ Contact: _____ Acct. #: _____

For Auto Debit Accounts only - ABA #: _____

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Trade References

* Name: _____ Acct. #: _____ Phone: _____
* Name: _____ Acct. #: _____ Phone: _____
Name: _____ Acct. #: _____ Phone: _____

Shipping Terms & Conditions: Order minimum for prepaid express freight is $250.00. All orders under $250.00 will ship ground. Generally the carrier will be UPS or Fed-Ex.

Payment Terms: An invoice will accompany each order shipped. The net invoice amount is due based upon your agreed upon terms. Proficient Rx will send you an account statement regularly or upon request.

Damaged Shipments: Contact Proficient Rx immediately at 1-800-787-7824. Please keep the original shipping box with packing materials and product for inspection. Proficient Rx will arrange for this inspection to claim for damages and proper credit. If items are missing from your order, recheck the contents against the enclosed packing slip. If a shortage has actually occurred, you must call Proficient Rx within 24 hours in order to receive proper credit. The DEA will be notified on all controlled substance products that are reported damaged or missing.

Returned-Goods Policy: Proficient Rx reserves the right to refuse to issue credit on any merchandise due to damages, special orders, excessive purchases, or unusual requests. Credit returns will generally be accepted at the sole discretion of Proficient Rx if product is returned within 7 days of shipping. All returns must be authorized by a Proficient Rx authorized representative in advance to receive proper credit. Any package shipped to Proficient Rx without prior authorization will be refused upon arrival. To obtain a return authorization number, call the customer service department at 1-844-PRX-MEDS.

Signature and Guaranty: "I, the undersigned, so hereby state that the above information and any information in any documents attached hereto is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I realize that you expect to investigate my credit. I authorize you to obtain (if you desire) a credit report from any credit reporting agency, including (among others) a consumer reporting agency. I further authorize any bank with whom I (or where appropriate, the corporation) am doing business to give all necessary information to you which will assist in your credit investigation, and release any claim I (and where appropriate, the corporation or limited liability company) may have for breach of contract or invasion of privacy because of information furnished to you. I understand and agree that this new account information form & credit application, when accepted by Proficient Rx, constitutes a binding agreement between the two parties hereto, and the terms of sale set forth above hereby constitute a part of this agreement. Also, I agree to pay the collection costs and reasonable attorney's fees incurred upon default of any of the charges due and consent that such costs and fees shall be made part of any judgment rendered thereon."

If this account is for a corporation or limited liability company, the undersigned(s) personally guarantee payment of all debt to Proficient Rx.

My signature below is as an officer of the corporation or member of a limited liability company and as a personal guarantor of any and all indebtedness of the account holder to Proficient Rx incurred hereunder.

Signed by: _____ Date: _____

Please Print Name: _____ Title: _____

Signed by: _____ Date: _____

Please Print Name: _____ Title: _____

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CREDIT CARD INFORMATION

If you selected credit card on page 1 for payment terms, please provide us with the following AP contact information and someone from our Accounting team will reach out to collect your credit card information:

AP Contact Name: _____

AP Contact Email: _____

AP Contact Phone#: _____