



New Account Application

Account Code: _____ Approved by: _____

Name of Applicant _____

DEA/HIN # _____ Please fax license(s) with application to 800-361-6984

Shipping Address:

Bill to address (if different):

Contact Information:

Purchasing: Contact Name _____ Phone _____ Fax _____

Accounts Payable: Contact Name _____ Phone _____ Fax _____

Office Hours _____

Type of business: Clinic Hospital Private Physician's office Hospital affiliated Physician Office

Other: _____

Is this business a member of a Group Purchasing Organization? YES NO

If yes please list _____

Please be sure to fax a copy of the DEA/Physician's License back along with this application. Due to Federal Regulations, we are unable to ship any products to residential addresses.

Hospitals: Purchase order on letter head will be accepted

CONTROL DRUGS CAN BE SENT ONLY TO THE ADDRESS ON THE DEA LICENSE

Referred By: _____

How did you hear about us? _____

Terms and Conditions

Terms: This application is submitted to HPSRx Enterprises Inc for the purpose of obtaining credit. The undersigned represents and warrants that all information contained herein is current, correct and complete, and that HPSRx Enterprises may rely on such information in deciding to extend or discontinue credit. The undersigned agrees to notify HPSRx Enterprises immediately, in writing, of any change in the foregoing information including, without limitation, any change in the nature of the business, ownership, licensure, registration name, location of the business, or financial condition.

Payment: Customers wishing to establish a credit account with HPSRx Enterprises must complete and sign this application form. Terms of payment for all orders are Net 30 days from the date of invoice, unless otherwise agreed to in writing by the customer and HPSRx. Prices billed are the prices in effect at the time the customer's order is accepted by HPSRx. Prices are subject to change without notice. The customer hereby guarantees payment of all debts, accounts and invoices. The customer agrees to pay all debts, accounts and invoices owing to HPSRx in full accordance with the agreed upon terms of the sale. In the event such debts, accounts or invoices owing are not paid when due, HPSRx may at anytime determine that they will accrue late charges at the rate of 1.5% per month or the maximum rate allowed by law, whichever is the lesser rate. The customer hereby agrees to pay all fees and collection costs including attorneys' fees, in the event this account is placed for collection and waives the privilege of being sued in the customer's county of residence.

Credits and Returns: Credit for returned merchandise will be issued only for items that are authorized for return by HPSRx in compliance with HPSRx's Return Goods Policy. All credits will be reflected in the customer's account to apply toward future purchases. The customer must report any order discrepancies within 48 hours of receipt of product. HPSRx is not obligated to issue credit on discrepancies not reported within 48 hours.

Orders and Shipping: Customers that a current contract with HPSRx will be charged for shipping based on the contractual terms for contracted items. Customers that do not have a valid contract with HPSRx will be responsible for all related shipping charges. HPSRx will only ship to the address shown on a valid DEA certificate, Registration Permit and/or license as applicable or as otherwise permitted by law, rule or regulation.

I hereby warrant and represent that HPSRx has the authority to bind the Customer to the terms and conditions stated above. Furthermore, the Customer agrees to comply with all conditions stated above and to authorize the release of credit information to HPSRx Enterprises.

_____ Authorized purchasing agent signature

_____ Print name and title

_____ Date

**Payment options are by check or credit card we accept VISA, MasterCard, American Express, and Discover.*

If you are interested in AutoPay (automatically charge credit card per order) please complete the required application.

Auto Pay Application

Credit Card Type: ___ VISA ___ MasterCard ___ American Express ___ Discover

Credit Card Number _____ Security Code _____

Expiration Date ___/___

Cardholder Name (as if appears on card) _____

Billing Address for credit card _____

City _____ State _____ Zip Code _____

I authorize HPSRx Enterprises Inc to automatically charge credit care listed above each time an ordered is placed, unless notified, in writing, by card holder.

Cardholders Signature

Date