



Sales Name: _____
11930 Kemper Springs Dr. Cincinnati, OH 45240
Toll: 866.345.3171 | Fax: 866.345.3443

Sales #: _____
PO #: _____
Call Center: Yes ___ No ___
Credit Limit Granted: _____

APPLICATION FOR CREDIT
***A copy of licenses MUST be faxed ***

Company Name (trade name if different) _____

Address (Billing) _____ City _____ State _____ Zip _____

Address (Ship To) _____ City _____ State _____ Zip _____

Phone:() _____ Fax:() _____ Email: _____

DEA License # _____ Exp. _____ State Lic# _____ Exp. _____

Type of Pharmacy: Retail/ LTC/ Specialty Center/ Other- _____ # of locations: _____

PRINCIPAL OFFICERS AND/OR PARTNERS

1. Name _____ Title: _____ Tel: _____

2. Name _____ Title: _____ Tel: _____

Purchasing Agent: _____ A/P Contact _____

CREDIT REFERENCES

PRIMARY WHOLESALER: _____

SECONDARY GENERIC SUPPLIER: _____

BANK NAME: _____ Acct. # _____

Address: _____ City _____ State _____ Zip _____ Tel: _____

We authorize you to check our company credit rating and verify the information provided in this credit application. By signing, using, or requesting issuance of credit by River City Pharma, we agree to the following:

1. This is an **unconditional personal guarantee** for all credit extended by River City Pharma or its subsidiaries in connection with the purchase of any and all goods. Further, the guarantor agrees to subject their company to the jurisdiction **and venue** of the Ohio courts.
2. We understand our terms are Net 10 EOM subject to credit approval and agree to pay at the place designated on the invoice all drafts and obligations, evidence of credit, and all extensions of credit, and all finance charges when imposed, either
 - a. In full upon due date, or
 - b. If not paid upon due date, a 1.5% monthly finance charge will be assessed
 - c. On default or failure to pay as agreed, you will pay to River City Pharma or its subsidiaries collection costs, the maximum monthly finance charge permitted, and reasonable attorney's fees.
 - d. Customer agrees to pay a 20% restocking fee on all AUTHORIZED returns. No Credit will be given to UNAUTHORIZED returns.
3. We hereby grant permission to River City Pharma and its subsidiaries to send advertising and promotional materials to the email(s) and fax number(s) listed above. This operates as consent under the 47 U.S.C. § 227 of the Telephone Consumer Protection Act.
4. We authorize River City Pharma to register our company so we can order through www.RiverCityRx.com.
5. This agreement is binding on your representatives, successors, and assigns.

Signature of Principal 1/**Guarantor** Date
Printed Name _____
Title _____

Signature of Principal 2/**Guarantor** Date
Printed Name _____
1 Title _____