

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		☐ Sole proprietorship	
Phone Fax		☐ Partnership	
E-mail		☐ Corporation	
Registered company address City, State ZIP Code		☐ Other	

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	☐ Savings ☐ Checking ☐ Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	☐ Savings ☐ Checking ☐ Other	Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice, unless otherwise agreed upon.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize PHARMCO INC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

CREDIT CARD AUTHORIZATION FORM

DATE:

CUSTOMER NAME:

CUSTOMER ACCOUNT NUMBER WITH BSP FILING, INC.:

CREDIT CARD TYPE:

(please circle one)

M/C

Visa

Amex

Discover

EXPIRATION DATE OF CARD:

CREDIT CARD NUMBER:

SIGNATURE PANEL CODE:

(AMEX 4 Digit on Front of Card DISC MC/VISA 3 Digit on Back of Card)

CARDHOLDER'S NAME:

(exactly as appears on card)

BILLING ADDRESS:

HOME PHONE:

BUSINESS PHONE:

MY SIGNATURE BELOW INDICATES MY AUTHORIZATION, KNOWLEDGE AND ACCEPTANCE THAT MY CREDIT CARD, AS LISTED ABOVE, WILL BE CHARGED ON AN ON-GOING BASIS, FOR ALL ORDERS PLACED WITH MEDFORD DIRECT LLC & PHARMCO, INC., WHICH ARE MORE THAN 40 DAYS PAST DUE. THERE WILL ALSO BE A 5% FINANCE FEE FOR EVERY CREDIT CARD TRANSACTION. IT IS UNDERSTOOD THAT MEDFORD DIRECT LLC & PHARMCO, INC. WILL WRITE "SIGNATURE ON FILE" ON THE CHARGE CARD FORM AND THAT SAID CHARGE WILL BE HONORED BY ME. I ALSO ACKNOWLEDGE THAT THIS AUTHORIZATION WILL REMAIN IN FORCE UNTIL REVOKED BY ME IN WRITING TO MEDFORD DIRECT LLC & PHARMCO, INC.

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