

Please complete all sections below and return a signed copy to Perfero Pharma, Inc. prior to placing your first order.

SELLER INFORMATION

Seller Name: **Perfero Pharma, Inc.**

Seller Address: **3 Becker Farm Road, Suite 404, Roseland, NJ 07068**

1. GENERAL BUSINESS INFORMATION

Pharmacy / Business Legal Name (hereinafter "Applicant"):

DBA (Doing Business As):

Street Address:

City:

State:

ZIP Code:

Phone #:

Fax #:

Email Address:

Website:

Federal Tax ID (EIN):

D&B Number (if available):

State Pharmacy License #:

License Expiration Date:

NPI Number:

DEA Registration # (if applicable):

Type of Business: Individual Partnership Corporation LLC Other

Years in Business:

Year Incorporated / Established:

Requested Credit Limit: \$

Annual Purchase Volume (estimated): \$

Requested Payment Terms: Credit Card Net 15 Net 30 Other

2. PURCHASING & ACCOUNTS PAYABLE CONTACTS

Purchasing Contact

Name:

Title:

Phone:

Fax:

Email:

Accounts Payable Contact

Name:

Title:

Phone:

Fax:

Email:

3. OWNERS, PARTNERS, OR OFFICERS

Owner / Officer 1

Name:

Title:

% Ownership:

Phone:

Fax:

Email:

Owner / Officer 2

Name:

Title:

% Ownership:

Phone:

Fax:

Email:

4. BANK REFERENCE

Bank Name: _____ Contact Person: _____
Bank Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____ Email: _____
Bank Account # (optional): _____ Savings Account # (optional): _____

5. TRADE REFERENCES — PROVIDE AT LEAST TWO SUPPLIERS OR DISTRIBUTORS

Reference 1

Company Name: _____ Contact Person: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
Account # with Reference: _____ Website (if applicable): _____

Reference 2

Company Name: _____ Contact Person: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
Account # with Reference: _____ Website (if applicable): _____

Reference 3

Company Name: _____ Contact Person: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
Account # with Reference: _____ Website (if applicable): _____

6. CERTIFICATION & SIGNATURE

By signing below, I certify that I am duly authorized to execute this Application on behalf of Applicant and that all information provided herein is true, correct, and complete. Applicant acknowledges that the approval of this application, the extension of credit, the establishment of payment terms, credit limits, and payment methods, and the decision to sell merchandise to Applicant are at the sole and absolute discretion of Perfero Pharma, Inc. Perfero reserves the right to modify, suspend, or revoke any such terms at any time, with or without prior notice. Applicant agrees to promptly provide any additional information Perfero deems necessary to evaluate any order or account, and to comply with any reasonable request made by Perfero in connection therewith. I further authorize Perfero Pharma, Inc. to verify the credit references listed above and to obtain credit reports as necessary.

Printed Name: _____ Title: _____

Authorized Signature

Effective Date

Date Signed

FOR PERFERO USE ONLY — DO NOT DISTRIBUTE

CREDIT DECISION

Decision: **Approved** **Approved with Conditions** **Denied**

Credit Limit Assigned: \$

Payment Terms Assigned:

Payment Method:

Effective Date:

Conditions / Notes:

Additional Notes:

Account # Assigned (Perfero Use Only):

Date Account Opened:

REVIEW & APPROVAL

Reviewed By:

Title:

Approved By:

Title:

Authorized Signature (Perfero)

Date of Decision

Date of Final Approval