AMERICAN HEALTH RX, LLC.
New Account and Customer Credit Application
Please read all information carefully

1. Account Information
Financially responsible company name _____
Street address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

2. DBA Information
DBA name _____
Main phone number _____ Fax _____
Billing address _____
City _____ State _____ Zip _____
Purchasing contact _____ Phone _____
Purchasing contact email _____
A/P contact name _____ Phone _____
A/P contact email _____
Invoicing preference: ☐ Print, or ☐ Email address _____

Taxable? ☐ Yes ☐ No If No, attach tax-exempt resale certificate title.

☐ Corporation ☐ Partnership ☐ Proprietorship
☐ Franchisee ☐ LLC ☐ 501C3 (non-profit)

3. Delivery Information Address
Delivery address _____
Attention _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Contact name _____
Email address _____

4. Additional Information
Tax Payer Identification _____
Are there any suits, liens or judgements over $50,000 filed against applicant? ☐ Yes ☒ No
Have you ever filed for bankruptcy? ☐ Yes ☐ No If Yes, attach explanation.

5. GPO Information
Is your business part of a GPO (Group Purchasing Organization)? ☐ Yes ☒ No
If Yes, which affiliation(s)? _____
GPO Member Identification Number _____

6. Consignment
Will you be purchasing EyePoint products? ☐ Yes ☐ No
Are you requesting a MinibarRx cabinet? ☐ Yes ☐ No
Are you requesting a VIPc cabinet? ☐ Yes ☐ No
If yes, please provide:
Full legal company name _____
Street address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

7. Facility type to which product will be shipped (please check the most applicable):
☐ Government/City/State ☐ Oncology/Hematology
☐ Hospital ☐ Home infusion
☐ Blood bank ☐ Long-term care
☐ Hospital outpatient clinic ☐ Open-door pharmacy
☐ Wholesaler/Distributor ☐ Closed-door pharmacy
☐ Community vaccinator ☐ Industrial
☐ Physician – specialty*: _____
☐ Clinic – specialty*: _____
☐ Other – please specify: _____

If you require multiple ship-to addresses, please attach a separate sheet with shipping address and acceptable licensing for each facility.

8. Acceptable Licensing
Federal and state laws require AMERICAN HEALTH RX to verify licensing to purchase prescriptions or products labeled "Rx Only."

License Type: _____
License No.: _____
Exp. Date: _____

Please fax license(s) with application to:
(954) 839-9039 ATTN: SALES

9. Customer Identification
To assist with manufacturer facility identification, please provide a DEA (Drug Enforcement Agency) license or HIN (Health Industry Number):

_____

10. Estimated Monthly Purchase
(please check the appropriate box)

☐ $0 - $5,000 ☐ $250,001 - $500,000
☐ $5,001 - $20,000 ☐ $500,001 - $750,000
☐ $20,001 - $50,000 ☐ $750,001 - $1,000,000
☐ $50,001 - $100,000 ☐ $1,000,001 - $5,000,000
☐ $100,001 - $250,000 ☐ $5,000,001 +

Please sign Terms and Conditions on page 2

* - Requires guarantee

Official Use Only	Date:	Time:	Credit limit:	Account credit checked by:
	Date:	Time:	Order Pending:	Account set up by:

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Terms and Conditions

Terms: This application is submitted to AMERICAN HEALTH RX, LLC. for the purpose of obtaining credit. The undersigned represents and warrants that all information contained herein is current, correct and complete, and that AMERICAN HEALTH RX may rely on such information in deciding to extend or discontinue credit. The undersigned agrees to notify AMERICAN HEALTH RX 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 AMERICAN HEALTH RX 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 AMERICAN HEALTH RX Prices billed are the prices in effect at the time the customer's order is accepted by AMERICAN HEALTH RX. 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 AMERICAN HEALTH RX 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, 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. Earned discounts must be taken at the time of original invoice payment.

Credits and Returns: Credit for returned merchandise will be issued only for items that are authorized for return by AMERICAN HEALTH RX in compliance with AMERICAN HEALTH RX'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. AMERICAN HEALTH RX is not obligated to issue credit on discrepancies not reported within 48 hours.

Orders and Shipping: All orders are shipped FOB Destination, except for expedited service. AMERICAN HEALTH RX will only ship to the address shown on a valid State-issued license, Registration Permit and/or license as applicable or as otherwise permitted by law, rule or regulation.

Sales Tax Information: If applicable, the customer will be charged state sales tax until such time as a valid state resale card is filed in our administrative office. There will be no retroactive credits granted for purchases made prior to the receipt. The resale card must contain a description of exempted materials for which resale is allowed in the course of business.

Own Use: Customer represents, warrants and agrees that Customer is purchasing products from AMERICAN HEALTH RX for its own use and use by its affiliated healthcare providers in delivering services to patients and not for resale. Customer acknowledges that AMERICAN HEALTH RX is relying on this representation in making its decision to sell products to Customer.

Please sign and FAX to: (954) 839-9039 ATTN: SALES DEPARTMENT

AMERICAN HEALTH RX CHANNEL INTEGRITY PLEDGE

Because AMERICAN HEALTH RX's Responsible Distribution Channel provides a secure chain of custody that ensures biopharmaceutical products move only from the manufacturer through a single, ethical distributor to the customer, with no gray area in between;

Because AMERICAN HEALTH RX's Responsible Distribution Channel protects the efficacy, integrity and safety of biopharmaceuticals and the health and well-being of patients;

And, because AMERICAN HEALTH RX's Responsible Distribution Channel promotes product availability, safety and cost containment;

We therefore pledge to honor AMERICAN HEALTH RX's Responsible Distribution Channel, the product safety it ensures, and the primary benefit that Channel Integrity provides: **improved patient safety.**

I hereby warrant and represent that AMERICAN HEALTH RX 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 AMERICAN HEALTH RX Enterprises.

Authorized purchasing agent signature (for legal account name) _____ Print name and title _____

Date _____ Legal account name of facility _____