

**CHISEL LOGISTICS LLC**

SHAPERS OF THE SUPPLY CHAIN

CREDIT APPLICATION FORM**• Business Information**

Company Name: _____

☐ I am applying for Blend & Boost credit

Address: _____

Billing Address: _____

City/State: _____ Zip Code: _____

Type of Business: _____

Telephone: _____ Fax: _____

Year Established: _____

Email: _____

Pharmacist License No.: _____

A/P Contact Name: _____

DEA Registration No.: _____

A/P Email: _____

Federal Tax ID No.: _____

Member of a Buying Group: ☐ Yes ☐ No Your text here 1

NCPDP No.: _____

Credit Request: _____

Sales Tax Certificate ID Number: (attach copy) _____

• Bank Information

Name: _____

Contact Name: _____

Address: _____

Account No.: _____

City/State: _____

Telephone: _____

Zip Code: _____

Fax: _____

• Credit Reference Information

Name	Address	Phone	Fax

• Payment Method (please choose one of the following)

<input type="checkbox"/>	Electronic Funds Transfer (EFT) / Direct Deposit (If selected, we will provide banking information).
<input type="checkbox"/>	Wire Transfer Cheque (If selected, we will provide banking information).
<input type="checkbox"/>	Cheque
<input type="checkbox"/>	Credit Card* (If selected, we will request for credit card information, we accept all major credit cards). *Please note, no credit card information is to be written on this form.

In consideration for extension of credit, debtor agrees to (1) Credit Terms of NET 15 DAYS from invoice date, and (2) in the event it becomes necessary for creditor to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorneys fees. The signature below authorizes MEDISCA to charge interest on outstanding balances OVER 30 DAYS OLD at rate of 5.0% per month (18% per annum) or to the extent permitted by law.

Signature: _____

Title: _____

Name: (print) _____

Date: _____

For Office Use Only

Sales/CS Representative: _____ Date: _____