



MedRx Advisors, LLC
 PO Box 3140
 Memphis, TN 38173
 901-646-5960

**APPLICATION
 FOR CREDIT**
**PLEASE RETURN COMPLETED FORM VIA
 EMAIL TO:** phil@medrxadvisors.com

| | |
|--|-------------------------|
| LEGAL NAME | TRADE NAME (DBA) |
| F.E.I.N. | D&B # |
| <i>If related to another MedRx Advisors, LLC account, please list account number(s) and explain the relationship (e.g. same owner)</i> | |

LICENSE INFORMATION

| | |
|--|--------------------------------------|
| DEA: | State License: |
| Expiration Date: | Expiration Date: |
| SHIPPING ADDRESS Address # 1 | BILLING ADDRESS Address #1 |
| Address #2 | Address #2 |
| City State Zip Code | City State Zip Code |
| Phone | Accounts Payable Contact Name |
| Fax | Accts Payable Phone |
| Buyer's Name | Accts Payable Email |
| Buyer's E-mail | Owner's Name |
| | Accts Payable Fax |

INDUSTRY REFERENCES

| | |
|---------------------------|---------|
| PRIMARY WHOLESALER | ACCT# |
| Address | Phone # |
| | Fax # |

BANK REFERENCE

| | | |
|-----------|---------|---------|
| Bank Name | Address | ACCT# |
| | | Phone # |
| | | Fax # |

CREDIT CARD INFORMATION

| | | |
|------------------|------------------|--------------------|
| Acct # | Expiration Date: | CVV security code: |
| Billing Address: | Name on Card: | |

The undersigned (Applicant) certifies that the informatin contained herein is true and correct, and further authorizes MedRx Advisors, LLC. (Seller), to make any inquiries necessary for verification of the information provided. The Applicant hereby indemnifies the Seller, and its agents, from any liability resulting from their credit inquiry. The Applicant further agrees that if credit is extended, all credit and sales made shall be subject to the following terms and conditions: (1) Applicant shall pay the full amount of the invoice(s) when due, which is defined to be thirty (30) days from the invoice date unless otherwise specified on the invoice or agreed to in writing by the seller; (2) If payment in full is not received by the due date, Applicant shall owe, in addition to the invoice amount, a late fee of 1.5% per month (18% per annum), or the maximum allowed by law, on all unpaid balances, plus costs of collection, including, but not limited to, attorney's fees, court costs, and collection fees that the Seller may incur in recovering the amount that is owes; (3) Applicant agrees that venue and jurisdiction for any such court action shall properly be at Shelby County, TN, the principal place of business of Seller.

I further Certify that I am an officer of Applicant, knowledgeable to the financial condition of Applicant, and that I am empowered and authorized to enter into the aforesaid Agreement on Applicant's behalf. I further certify on Applicant's behalf that Applicant is solvent as defined by Article 1 of the Uniform Commercial Code, and that Applicant will immediately notify the Seller if it becomes insolvent.

Authorized Signer's Name - PLEASE PRINT _____ Title _____ Date _____

Authorized Signature _____

Submitted by Account Mgr: _____ New / Revised _____