



CREDIT APPLICATION & PRODUCT ORDER FORM

629 Shute Lane, Old Hickory, TN 37138 • [p] 800.677.5022 • [f] 800.341.6440

STOP **SECTION I:** New customers must complete entire form. Customer Service will contact you to assign your Customer Number. **Existing customers go to SEC. 2.**

SHIP TO ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF BANK _____

ACCOUNTS PAYABLE CONTACT _____

ADDRESS _____

PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

SECTION 2		Customer Number	Purchase Order #	Address Change	Date
Existing Account				<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /

INVOICE TO _____

PURCHASING AGENT _____

PHYSICIAN NAME _____

PHONE _____

BILL TO ADDRESS _____

FAX _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

Order #				Product Name	Size	Quantity Ordered	Price	Amount
P	L	R	-	<i>Physician's Life Reference</i>	<i>Pocket</i>		<i>FREE</i>	<i>N/A</i>
N	L	R	-	<i>Nurse's Life Reference</i>	<i>Pocket</i>		<i>FREE</i>	<i>N/A</i>
			-					
			-					
			-					
			-					
			-					
			-					
			-					
			-					

AGREEMENT: This agreement is binding and is made voluntarily by the undersigned customer to purchase products from Clint Pharmaceuticals, Inc. All of the information is true and correct. If Clint Pharmaceuticals, Inc. must turn this account over for collection, customer agrees to pay all costs associated with collection. These costs include, but are not limited to, attorney's fees, collection agency fees, and court costs. Customer agrees to pay 1-1/2% per month interest on unpaid balances which are past due. Customer agrees that any lawsuit arising from the customer's account shall be brought and maintained in the State of Tennessee, Davidson County, and shall be subject to the laws of Tennessee. Customer consents to the venue and jurisdiction of Davidson County, Tennessee. The undersigned customer is signing on behalf of the company/physician, and is also personally guaranteeing the payment of this account for the products purchased herein. The undersigned authorizes the use of a facsimile transmission copy of this application to be effective as an original copy. Upon submission of the Order Form, Customer may not cancel Flu Vaccine orders. At the customer's request, Clint Pharmaceuticals has supplied with select trays, labels for medications (Additional Labels). It shall be the customer's sole responsibility to ensure that the labels are properly applied to the correct medications. The customer indemnifies and holds Clint Pharmaceuticals harmless against all claims, liability, damages and costs including attorney's fees that may be incurred as a result of error in product use on the part of the customer. Products purchased from Clint Pharmaceuticals, Inc. are for patient use only and are not to be resold to other drug distributors, wholesalers or retailers. Due to circumstances beyond Clint Pharmaceuticals, Inc.'s control and the number of manufacturers represented, prices and availability of products are subject to change without prior notice. Signature below represents acceptance of the above terms and conditions.

NEW ACCOUNTS REQUIRE A COPY OF CURRENT DEA CERTIFICATE FAXED TO 800-341-6440
If you have any questions, please call our Customer Service toll free at 800-677-5022

AUTHORIZING SIGNATURE _____ **DATE** _____

PRINTED NAME _____ TITLE _____

SPECIAL INSTRUCTIONS _____

SHIPPING PAID BY CUSTOMER. AVERAGE GROUND SHIPPING CHARGE: \$9.00. REFRIGERATED ITEMS ADDITIONAL.
CREDAPPORDFRM110211-01