



# Customer Application & Product Order Form

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

COMPANY / PHYSICIAN'S NAME \_\_\_\_\_

SPECIALTY \_\_\_\_\_

EXISTING CUSTOMER # \_\_\_\_\_  NEW CUSTOMER  ADDRESS CHANGE  ADDITIONAL LOCATION

HOW DID YOU HEAR ABOUT US?  CATALOG/BROCHURE  WEBSITE  REFERRAL  TRADESHOW  OTHER

PURCHASER'S EMAIL \_\_\_\_\_

ACCOUNTS PAYABLE EMAIL \_\_\_\_\_

BILL-TO ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

SHIP-TO ADDRESS (If different from above) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

PURCHASING CONTACT \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

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. No returns of orthopedic soft goods. 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.

## PLEASE INCLUDE TAX-EXEMPT FORM IF APPLICABLE

AUTHORIZING SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

## NEW ACCOUNTS REQUIRE A COPY OF CURRENT DEA FAXED TO 800-341-6440

IF YOU HAVE ANY QUESTIONS, CALL TOLL FREE - 800.677.5022 / EMAIL: CustomerService@ClintPharmaceuticals.com

Order #	Product Name	Size	Quantity	Price	Total

SPECIAL INSTRUCTIONS \_\_\_\_\_

SHIPPING PAID BY CUSTOMER AND IS CALCULATED ACCORDING TO FED EX METRICS.  
REFRIGERATED ITEMS REQUIRE ADDITIONAL SHIPPING FEE.