



NEW ACCOUNT INFORMATION AND PURCHASE AGREEMENT

Thank you for selecting PD-Rx Pharmaceuticals, Inc, we will work hard to provide you with the best service possible. If you have any questions or concerns, please feel free to call us at any time.
1-800-299-7379.

Ship to Location
(Please Print)

Bill to Location
(If Different than Ship To)

Name		
Address		
Address 2		
City		
State		
Zip Code		
Telephone #		
Fax #		
E-Mail Address*		
Contact Name		

- All company notices, pedigree, invoices, order acknowledgements, statements & other request or general information will be forwarded to the e-mail addresses listed above. If you change your e-mail address, please make sure you notify PD-Rx Pharmaceuticals of any changes so that we can update our database, and keep your account current with on going information. If you need additional e-mail addresses, please provide them below as per the category so defined.

Pedigree		Invoices	
Order Acknowledgements		Statements	

ORGANIZATION OF BUSINESS

SOLE PROPRIETOR _____ LLC _____ PARTNERSHIP _____ CORPORATION _____ GPO _____ Member ID# _____
 TYPE OF BUSINESS: _____ YRS IN BUSINESS: _____ FEI: _____ DUNS# _____

PLEASE SELECT ONE TYPE OF ACCOUNT

<input type="checkbox"/>	CHECK ONLY ONE	<u>OPEN CREDIT LINE (COMPLETE ALL LINES)</u>
COMPANY OFFICERS/OWNERS		
NAME: _____		POSITION: _____ SSN: _____
ADDRESS: _____		PHONE: () _____
NAME: _____		POSITION: _____ SSN: _____
ADDRESS: _____		PHONE: () _____

<input type="checkbox"/>	CHECK ONLY ONE	<u>CREDIT CARD</u>	(CIRCLE ONE) Visa / MC / Amex
CARD NUMBER: _____ / _____ / _____ / _____		EXPIRATION DATE _____ / _____	
CARDHOLDER NAME: _____		SIGNATURE (X) _____	
ADDRESS OF CARD HOLDER IF DIFFERENT THAN THE BILL TO ADDRESS LISTED ABOVE:			

NOTICE: PLEASE SEND US A COPY OF YOUR STATE LICENSE AND DEA REGISTRATION.

Remember to send the state control license or a pharmacist in-charge license if it so applies.

TERMS AND CONDITIONS: Order minimum for prepaid freight is \$200.00. All orders under \$200.00 will include freight and handling charge. Each shipment will be sent best way possible as determined by the shipper. If express delivery is requested, the freight charges for this service will be added to the invoice. On all injectables that require refrigeration and next day services, the consumer will assume the freight charges.

PAYMENT TERMS FOR OPEN CREDIT LINES: A PD-Rx invoice and/or packaging slip will accompany each order shipped. The net amount is due within 15 days from the date of the invoice. Payments not received in accordance with our policies shall bear interest after 31 days from invoice at the rate of 18% per annum until paid. PD-Rx will also send an account statement at the end of each month. The PD-Rx website will store 90 days worth of invoices on line for your review.

TERMS FOR CREDIT CARD ACCOUNTS: All credit cards will be preauthorized for complete payment of the value so ordered and the shipment value will be billed at the time of invoice. Credit cards will not be accepted as payment upon "open credit" termed accounts.

DAMAGED SHIPMENTS: Telephone PD-Rx immediately at 1-800-299-7379. Please keep the original shipping box with packing materials and merchandise for Federal Express carrier inspection. PD-Rx will arrange for this inspection to claim for damages and proper credit. If items are missing from your order, recheck the contents against the enclosed packing slip. If a shortage has actually occurred, you must call PD-Rx within 24 hours in order to receive proper credit. The DEA will be notified on all control products that have to be reported damaged or missing.

RETURNED-GOODS POLICY: All returns must be authorized by our customer service department. This must be done in advance in order for you to receive proper credit. Any package shipped to PD-Rx without authorization will be refused upon arrival. To obtain a Return Authorization Number, call the customer service department at 1-800-299-7379. Have ready a list of all products to be returned (including item number and quantity) and your account number. Please include size, strength, quantity, lot number, invoice number, and the reason for the return. PD-Rx will only issue credit on merchandise that is in the original unsoiled and unmarked containers. Any product that has been opened or damaged will not be accepted for return, credit or cash refund, but will be destroyed upon arrival.

PD-Rx reserves the right to refuse credit on any merchandise due to special orders, excessive purchases, or unusual requests. New accounts are subject to a 60-day return review policy, which requires all returns to be reviewed by PD-Rx management. PD-Rx will allow returns of any unopened six-packs or ten-packs for established accounts up to 7 business days from the date of invoice without a signed affidavit (when required by selective states) stating that the product has been stored properly. Returns must have the prior authorization number written on the outside of the box. Due to PDA and PDMA regulations, the return must include copies of the original pedigree documents with the shipment or else the return will be refused.

0 – 15 days	no charge
15 – 30 days	25% restocking fee
After 30 days	no returns accepted

Please notify PD-Rx of any problems or return within 24 hours of the shipment arrival, so that we can help you receive the best service available. Our toll-free number is **1-800-299-7379**.

JURISDICTION AND CHOICE OF LAW: This agreement shall be construed and interpreted in accordance with the laws of the State of Oklahoma, without regard to conflict of laws, and the courts of Oklahoma City. Oklahoma shall have exclusive jurisdiction in any controversy relating to or arising out of this agreement.

SIGNATURE AND GUARANTY: "I, the undersigned, do hereby state that the above information and any information in any financial statement attached hereto is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I realize that you expect to investigate my credit. I authorize you to obtain (if you desire) a credit report from any credit-reporting agency, including (among others) a consumer-reporting agency. I realize that if you do so obtain such an investigative consumer report that I have a right, upon making written request, to disclosure of the nature and substance (except medical information) of the investigation requested. I further authorize any bank with whom I (or where appropriate, the corporation) am doing or have done any type of business to give all necessary information to you which will assist in your credit investigation, and **RELEASE ANY CLAIM I (AND WHERE APPROPRIATE, THE CORPORATION OR LIMITED LIABILITY COMPANY) MAY HAVE FOR BREACH OF CONTRACT OR INVASION OF PRIVACY BECAUSE OF INFORMATION FURNISHED TO YOU.** I understand and agree that this New Account Information Form, when accepted by PD-Rx Pharmaceuticals, Inc., constitutes a binding agreement between the parties hereto, and that the terms of sale set forth above hereby constitute a part of this agreement. Also, I agree to pay the collection costs and reasonable attorney's fees incurred upon default of any of the charges due and consent that such costs and fees shall be made part of any judgment rendered thereon."

IF THIS ACCOUNT IS FOR A CORPORATION OR LIMITED LIABILITY COMPANY, THE UNDERSIGNED (S) PERSONALLY GUARANTEE PAYMENT OF ALL INDEBTEDNESS TO PD-Rx PHARMACEUTICALS, INC. MY SIGNATURE BELOW IS AS AN OFFICER OF THE CORPORATION OR MEMBER OF A LIMITED LIABILITY COMPANY AND AS A PERSONAL GUARANTOR OF ANY AND ALL INDEBTEDNESS OF THE ACCOUNT HOLDER TO PD-Rx PHARMACEUTICALS, INC. INCURRED HEREUNDER.

SIGNED BY: _____ DATE _____

PLEASE PRINT NAME: _____

PLEASE FAX THIS COMPLETED FORM (2 PAGES) TO: 1-405-942-5471

**PD-Rx Pharmaceuticals, Inc.
727 North Ann Arbor
Oklahoma City, OK 73127**