



PHARMOX LLC

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Kingsland, GA 31548
Office@pharmox.net
Phone (888) 628 5752
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APPLICATION FOR CREDIT

Company Name (Trade Name if different) _____

Address (Billing) _____ City _____ State ____ Zip Code _____

Address (Shipping) _____ City _____ State ____ Zip Code _____

Phone () _____ Fax () _____ E-mail _____

DEA License _____ EXP Date _____ State License _____ EXP Date _____

Type of Pharmacy: Retail/LTC/Specialty center/Other - _____ # of locations _____

Principal Officers and/or Partners

1. Name _____ Title: _____ Tel _____
2. Name _____ Title: _____ Tel _____

CREDIT REFERENCES

Name _____	Contact Name _____
Tel Num _____	Account Num _____

Name _____	Contact Name _____
Tel Num _____	Account Num _____

Bank Name _____ Account # _____ Contact Name _____

Address _____ City _____ State ____ Zip _____ Phone _____

TERMS AND CONDITIONS: This application is for direct ordering of pharmaceutical products and is subject to acceptance of Pharmox LLC. The terms and conditions, including pricing, related to sale of products are fully set forth in the account price list and are subject to change at any time. It is the responsibility of the account holder or its representative to report any discrepancies of any matter. If this application is accepted, the newly approved account holder and its representatives agree to be bound by the terms and conditions prevailing at the time of each order. Should there be any conflicts between the terms and conditions of the prevailing pricing list, the former terms and conditions shall prevail. Pharmox will follow Industry guidelines concerning "suspicious orders" and will develop thresholds of items ordered based on quantities specified on this application. At any point Pharmox retains the right to ask specific questions pertaining to customers reaching and/or exceeding thresholds of ordering controlled substances. Pharmox reserves the right to hold any order out of compliance based on this application. Background checks may be performed on all persons listed on application. Customer must contact Pharmox before conducting prescription internet fulfillment.

Signature _____ Date _____

Print Name _____ Title _____