



The HARVARD DRUG GROUP, L.L.C.

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TITLE:	CREDIT APPLICATION
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d/b/a Major Pharmaceuticals / Letco Medical / Expert Med Acct # _____ / Sales Rep. _____

Legal Name of Business: _____ **d/b/a** _____

Ship to Address _____ City: _____ State: _____ ZIP: _____

Bill to Address: _____ City: _____ State: _____ ZIP: _____

Business Phone: _____ Fax: _____ E-mail: _____

Should we charge sales tax? Yes No (If No, give Tax I.D. Number & attach copy of Sales Tax Certificate) Tax I.D.: _____

Accounts Payable Manager _____ Buyer's Name _____

Payment Option: ACH Draft; to be drafted on due date. **Have You Ever Filed for Bankruptcy?** Yes No

Send My Statements Via: I will obtain online / E-Mail / Fax _____

Send My Invoices Via: I will obtain online / E-Mail / Fax _____

Ownership: Sole Proprietor Partnership Corporation LLC; Years in Business: _____ **DUNS #:** _____ - _____ - _____

Owner: Name _____ SS # _____ - _____ - _____

Home Address _____ City _____ State _____ ZIP _____ Home Phone _____ - _____ - _____

Previous Account: No Yes If Yes, Account # _____

Bank Reference: Name of Bank: _____ Type of Account: _____

Banker: _____ Phone: _____ - _____ - _____ Account #: _____

Trade References:	NAME	ADDRESS/CITY/STATE/ZIP	ACCT #	TELEPHONE #
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____

The undersigned agrees to pay service charges of 1.5% per month or the highest lawful rate, whichever is lower on any past due balance, and all actual attorney fees and costs of collection; bank draft of account when account becomes delinquent.

I, _____ personally guarantee all payments of existing and future obligations and
(Print Name)

unconditionally waive the right to any amount paid pursuant to this provision. The undersigned also agrees to jurisdiction and venue in Michigan. The above statements are made for purposes of procuring credit from The Harvard Drug Group and its divisions and affiliates including Major Pharmaceuticals, Letco Medical, Expert Med and Rugby ("company"). The undersigned hereby consents to the confirmation by company, of the information contained herein and authorizes company to contact the undersigned's bank and all credit references and obtain any necessary credit reports.

Terms of sale have been fully explained and I understand that if an account is established, my credit line is subject to periodic review. Also shipments may be held if my account is delinquent or exceeds my established line of credit. The undersigned further represents that its professional licenses are in good standing and not the subject of any proceedings by any governmental agency and agrees to notify the seller immediately upon the commencement of any such proceedings. The undersigned authorizes company to take appropriate measures in verifying the credit of the undersigned and releases company from any obligation while researching this information. Customer and Guarantor agree to provide company with 60 days notice of its intention to sell all of its assets. Special contract pricing is subject to verification of entitlement at any time after the sale and customer agrees to refund in the event there is no entitlement.

X Signature of Guarantor: _____ **Date** _____

Print Name: _____

PLEASE INCLUDE A COPY OF YOUR STATE BOARD AND DEA LICENSE AND SALE TAX EXEMPT (if applicable)

Calls to and from The Harvard Drug Group, its divisions and affiliates, may be monitored for quality assurance purposes. The Harvard Drug Group LLC, its divisions and affiliates, may from time to time, provide promotional information via phone, fax or e-mail to its customers. You may request to be removed from any of these channels by calling 1-800-875-0123 Ext. 2000 or you may send an e-mail to opt-out@harvarddruggroup.com

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age; (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.