

CREDIT APPLICATION

Terms Requested:	Net 30: _____	COD via Company Check: _____	Credit Card: _____
Credit Line Requested:	\$ _____		
Legal name of Company:	_____		
Trade Name: (dba)	_____		
Billing/Mailing Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	_____	Fax: _____	_____
Ship To Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	_____	Fax: _____	_____
Time at Address:	_____	Rent: _____	Own: _____
Website Address:	_____		
Organization Type:	Corporation: _____	Proprietorship: _____	Partnership: _____
Tax Exempt Number:	_____	Number of Years in Business:	_____
Dun & Bradstreet Number:	_____	Nature of Business:	_____
Business Operated From:	Commercial Building: _____	Home:	_____
Person to Contact for Payment:	_____		
Annual Sales Volume: \$	_____	Estimated Monthly Purchases: \$	_____

Visa: _____	MasterCard: _____	AMEX: _____	Discover: _____
Credit Card Number:	_____	Expiration Date:	_____
Billing/ Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	_____	Fax: _____	_____
I am an authorized signer on above card and hereby give HRI permission to bill the credit card when verbally requested:			
Name on Card:	_____	Signed:	_____

Bank Reference:			
Bank Name:	_____	Contact:	_____
Bank Address:	_____		
City:	_____	State: _____	Zip: _____
Account Number:	_____	Phone Number:	_____
		Fax number:	_____
2 nd Bank Name:	_____	Contact:	_____
Bank Address:	_____		
City:	_____	State: _____	Zip: _____
Account Number:	_____	Phone Number:	_____
		Fax Number:	_____

Authorization

The undersigned authorized release of all banking and credit information, both business and/or personal requested by Pharmacy Automation Supplies Inc. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original, which I have signed.

Signature: _____ Date: _____

ATTACH RECENT FINANCIAL STATEMENTS (AUDITED PREFERRED)

ENTIRE APPLICATION MUST BE COMPLETED AND SIGNED FOR NET TERMS CONSIDERATION.

Principals:	
Name and Title: _____	Social Security Number: _____
Address: _____	
E-mail address: _____	
Name and Title: _____	Social Security Number: _____
Address: _____	
E-mail address: _____	

Trade Reference	
Company Name: _____	Account Number: _____
Address: _____	Contact: _____
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____
Company Name: _____	Account Number: _____
Address: _____	Contact: _____
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____
Company Name: _____	Account Number: _____
Address: _____	Contact: _____
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____

This credit application and agreement is submitted by the undersigned (hereafter Customer) to Pharmacy Automation Supplies Inc. (hereafter PAS), to obtain trade credit. Customer agrees to make payment in full to PAS for all amounts due according to PAS's invoice(s). Customer also agrees to pay PAS, as interest, an amount equal to 1.5% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should Customer default in any such payment(s), PAS shall have the right, without notice to Customer, to declare all invoice amounts immediately due and payable. In the event PAS should commence any action(s), or otherwise seek to enforce this agreement against Customer or any Guarantor, Customer agrees to pay reasonable attorney(s) fees, court and other expenses incurred by PAS, whether or not suit is filed. This agreement is not transferable or assignable without prior written consent of PAS. This agreement shall become effective upon acceptance by PAS. Customer agrees that all sales shall be governed by PAS's Standard Terms and Conditions of Sale, as stated on the invoice and shown in PAS Catalog, unless PAS and Customer have executed a separate agreement which specifically supersedes and replaces those terms and conditions.

Customer and Customer's authorized representative signing this agreement hereby represent and warrant that the information provided in this application and in any and all additional documents, financial statements or other information furnished by Customer to PAS is true and correct in all material respects and contains all information necessary so that this application is not materially misleading. Customer acknowledges that PAS is relying on the accuracy of the information provided by Customer. Customer hereby grants PAS a security interest in any and all good purchased by Customer from PAS to secure any and all obligations of Customer to PAS, including but not limited to any obligation of payment. Customer agrees to execute any additional documents necessary to perfect or continue any security interest related to this application. Customer agrees to adhere to the credit service policies and procedures established from time to time by PAS.

Dated at: _____, as of this _____ day of _____, 20_____

Signed by: _____ Name/Title: _____

Dated at: _____, as of this _____ day of _____, 20_____

Signed by: _____ Name/Title: _____

The undersigned individuals(s) who is (are) either a principal(s) or partner(s) of the above-named Customer or a sole proprietorship of the above-named Customer, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of Customer, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by PAS, the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Signed by: _____ in his or her individual capacity

Print Name: _____

Dated at: _____, as of this _____ day of _____, 20_____

Signed by: _____ in his or her individual capacity

Print Name: _____

Dated at: _____, as of this _____ day of _____, 20_____