



**NDC**  
DISTRIBUTORS

**NDC Distributors LLC  
Customer Application**

Sales Rep: \_\_\_\_\_

**BUSINESS CONTACT INFORMATION**

Pharmacy Name: \_\_\_\_\_

DBA: \_\_\_\_\_ FKA: \_\_\_\_\_

Person Completing Application: \_\_\_\_\_ Title: \_\_\_\_\_

Physical Pharmacy Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Billing Address (If different than above):**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**LICENSE INFORMATION**

State License #: \_\_\_\_\_ DEA# or HIN#: \_\_\_\_\_

Owner Name: \_\_\_\_\_ NPI #: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Date Business Commenced: \_\_\_\_\_

Business Type:  Partnership  Corporation  LLC

**ADDITIONAL INFORMATION AND PREFERENCES**

Buyer Name: \_\_\_\_\_ Buyer Phone: \_\_\_\_\_ Buyer Email: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ A/P Phone: \_\_\_\_\_ A/P Email: \_\_\_\_\_

How would you like to receive your invoices? (If by email, please provide an email address below)

Email \_\_\_\_\_  UPS

Do you require a monthly statement?  Yes  No

If yes, how should it be sent? (If by email, please provide an email address below)

Email \_\_\_\_\_  UPS

T3 Documents will be sent by email, please provide an email address that we should send it to:

Email Address: \_\_\_\_\_



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Terms of sale, including terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The customer hereby agrees to pay all costs of collection and legal fees should such action be necessary due to non-payment. The above information is willingly supplied, and the creditor is authorized to contact the above bank and trade references in order to establish the creditworthiness of the above named company. If the applicant is not a corporation, the creditor is authorized to obtain credit reports on the proprietors, partners or principals. Should credit availability be granted by the creditor, all decisions with respect to the extension or continuation shall be in the sole discretion of the creditor. The creditor may terminate any credit availability within its sole discretion. Credit terms are NET 30 upon approval.

Applicant acknowledges that that NDC Distributors has the right to discontinue any and all deliveries if an invoice goes Sixty (60) days past due. Applicant and NDC Distributors shall maintain the confidentiality of each other's proprietary information, including, but not limited to, marketing strategies, business plans, financial data and bank accounts, policies and procedures, and other informational material.

Applicant shall indemnify NDC Distributors, its affiliated, successors and assigns, and its and their respective officers, directors, employees, and agents, against and hold the same harmless from, any and all claims, demands, losses, damages, liabilities, actions, judgments, costs and expenses (including settlements, judgments, court costs, and reasonable attorneys' fees) of any nature or kind whatsoever (collectively, the "damages") arising out of or resulting from, directly or indirectly, any grossly negligent or willful act or omission by applicant or applicant's failure to perform any obligation under taken or covenant made in this agreement, except to the extent that the damages arise out of or result from the grossly negligent or willful acts or omissions or NDC Distributors.

**SIGNATURES:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures: \_\_\_\_\_