

FFF Enterprises New Account and Customer Credit Application

Please read all information carefully

1. Account Information

Legal business name _____
 Main phone number _____ Fax _____
 Billing address _____
 City _____ State _____ Zip _____
 Purchasing contact _____ Phone _____
 Purchasing contact email _____
 A/P contact name _____ Phone _____
 A/P contact email _____
 Taxable? ☐ Yes ☐ No If No, attach tax-exempt resale certificate title.
☐ Corporation ☐ Partnership ☐ Proprietorship
☐ Franchisee ☐ LLC ☐ 501C3 (non-profit)
 Company financially responsible for purchases _____
 Address _____

2. Delivery Information Address

Delivery address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Contact name _____
 Email address _____

3. Bank References

Bank name _____ Account no. _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Contact name _____
 Email address _____
 Are there any suits, liens or judgements over \$50,000.00 file against applicant? ☐ Yes ☐ No
 Have you filed bankruptcy? ☐ Yes ☐ No If Yes, attach explanation.

4. Pharmaceutical Credit References

Name _____ Account no. _____
 How long? _____ Contact name _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Name _____ Account no. _____
 How long? _____ Contact name _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Name _____ Account no. _____
 How long? _____ Contact name _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

5. Estimated Monthly Purchase

(please check the appropriate box)

☐ \$0 - \$5,000 ☐ \$5,001 - \$20,000
☐ \$20,001 - \$50,000 ☐ \$50,001 - \$100,000
☐ \$100,001 + (may require financials)

Is your business part of a GPO (Group Purchasing Organization)? ☐ Yes ☐ No

If Yes, which affiliation(s)? _____

6. Facility type to which product will be shipped (please check the most applicable):

☐ Government/City/State ☐ Oncology/Hematology
☐ Hospital ☐ Home infusion
☐ Blood bank ☐ Long-term care
☐ Hospital outpatient clinic ☐ Open-door pharmacy
☐ Wholesaler/Distributor ☐ Closed-door pharmacy
☐ Community vaccinators ☐ Industrial
☐ Physician – specialty: _____
☐ Clinic – specialty: _____
☐ Other – please specify: _____

If you require multiple ship-to addresses, please attach a separate sheet with shipping address and acceptable licensing for each facility.

7. Acceptable Licensing

Federal and state laws require FFF to verify licensing to purchase prescriptions or products labeled “Rx Only.”

License Type: _____

License No.: _____

Exp. Date: _____

8. Customer Identification

To assist with manufacturer facility identification, please provide a DEA (Drug Enforcement Agency) license or HIN (Health Industry Number):

Please fax license(s) with application to:
(336) 992-3130 ATTN: CREDIT DEPARTMENT

Please sign Terms and Conditions on page 2

Official	Date:	Time:	Credit limit:	Account credit checked by:
Use Only	Date:	Time:	Order Pending:	Account set up by:

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Terms and Conditions

Terms: This application is submitted to FFF Enterprises Inc. for the purpose of obtaining credit. The undersigned represents and warrants that all information contained herein is current, correct and complete, and that FFF may rely on such information in deciding to extend or discontinue credit. The undersigned agrees to notify FFF immediately, in writing, of any change in the foregoing information including, without limitation, any change in the nature of the business, ownership, licensure, registration name, location of the business, or financial condition.

Payment: Customers wishing to establish a credit account with FFF must complete and sign this application form. Terms of payment for all orders are Net 30 days from the date of invoice, unless otherwise agreed to in writing by the customer and FFF. Prices billed are the prices in effect at the time the customer's order is accepted by FFF. Prices are subject to change without notice. The customer hereby guarantees payment of all debts, accounts and invoices. The customer agrees to pay all debts, accounts and invoices owing to FFF in full accordance with the agreed upon terms of the sale. In the event such debts, accounts or invoices owing are not paid when due, they will accrue late charges at the rate of 1.5% per month or the maximum rate allowed by law, whichever is the lesser rate. The customer hereby agrees to pay all fees and collection costs including attorneys' fees, in the event this account is placed for collection, and waives the privilege of being sued in the customer's county of residence. Earned discounts must be taken at the time of original invoice payment.

Credits and Returns: Credit for returned merchandise will be issued only for items that are authorized for return by FFF, in compliance with FFF's Return Goods Policy. All credits will be reflected in the customer's account to apply toward future purchases. The customer must report any order discrepancies within 48 hours of receipt of product. FFF is not obligated to issue credit on discrepancies not reported within 48 hours.

Orders and Shipping: Customers that belong to a Group Purchasing Organization that has a current contract with FFF will be charged for shipping based on the contractual terms for contracted items. Customers not affiliated with a GPO that has a valid contract with FFF will be responsible for all related shipping charges. FFF will only ship to the address shown on a valid State-issued license, Registration Permit and/or license as applicable or as otherwise permitted by law, rule or regulation.

Sales Tax Information: If applicable, the customer will be charged state sales tax until such time as a valid state resale card is filed in our administrative office. There will be no retroactive credits granted for purchases made prior to the receipt. The resale card must contain a description of exempted materials for which resale is allowed in the course of business.

Own Use: Customer represents, warrants and agrees that Customer is purchasing products from FFF for its own use and use by its affiliated healthcare providers in delivering services to patients and not for resale. Customer acknowledges that FFF is relying on this representation in making its decision to sell products to Customer.

Please sign and FAX to: (336) 992-3130 ATTN: CREDIT DEPARTMENT

FFF ENTERPRISES CHANNEL INTEGRITY PLEDGE

Because FFF's Responsible Distribution Channel provides a secure chain of custody that ensures biopharmaceutical products move only from the manufacturer through a single, ethical distributor to the customer, with no gray in between;

Because FFF's Responsible Distribution Channel protects the efficacy, integrity and safety of biopharmaceuticals and the health and well-being of patients;

And, because FFF's Responsible Distribution Channel promotes product availability, safety and cost containment;

We therefore pledge to honor FFF's Responsible Distribution Channel, the product safety it ensures, and the primary benefit that Channel Integrity provides: **improved patient safety.**

I hereby warrant and represent that FFF has the authority to bind the Customer to the terms and conditions stated above. Furthermore, the Customer agrees to comply with all conditions stated above and to authorize the release of credit information to FFF Enterprises.

Authorized purchasing agent signature (for legal account name)

Print name and title

Date

Legal account name of facility

