



Section 1

Credit Application

Acct# _____ / Sales Manger _____

Legal Name of Business (“Customer”): _____

d/b/a _____

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

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

Business Telephone: _____ Fax: _____

Email: _____ Year Established: _____

Pharmacy License Number: _____

Accounts Payable Contact: _____ Buyer’s Name: _____

Payment Option: Charge Credit Card Each Order Net 30

All First Orders and Subsequent orders under \$250 Require a Credit Card

PLEASE INCLUDE A COPY OF YOUR SALES TAX EXEMPT CERTIFICATE (if applicable)

Section 2 (fill out only if terms are wanted)

Have You Ever Filed For Bankruptcy? Yes No

Ownership: Sole Proprietor Partnership Corporation LLC

Years in Business: _____ **DUNS #:** _____ - _____ - _____

Owner: Name: _____ **Phone:** _____ - _____ - _____

Home Address: _____ **City:** _____ **State:** ____ **ZIP:** _____

Previous Account: No Yes

If Yes, Account # _____

Bank Reference: Name of Bank: _____

Banker’s Name: _____ **Phone:** _____ - _____ - _____

Type of Account: _____ **Account #:** _____ **Trade**

References: Please list primary wholesaler on line one.

	NAME	ADDRESS/CITY/STATE/ZIP	ACCT#	TELEPHONE#
1.	_____	_____	_____	_____ - _____ - _____
2.	_____	_____	_____	_____ - _____ - _____
3.	_____	_____	_____	_____ - _____ - _____



Credit Application Cont.'d

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. The above statements are made for purposes of procuring credit from Fagron, Inc. The undersigned hereby consents to the confirmation by Fagron, Inc., of the information contained herein and authorizes Fagron, Inc. to contact the undersigned's bank and all credit references and obtain any credit reports or other similar information which Fagron, Inc., in its sole discretion deems necessary or appropriate.

Signing below you certify you have read the Terms and Conditions of this Credit Application and understand that if an account is established, any credit line is subject to periodic review. You certify that all the information provided in this application is true and correct and you are authorized to sign the application on behalf of the Business. Also, shipments may be held if my account is delinquent or exceeds any 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.

Signature: _____ **Date:** _____
Print Name: _____ **Title:** _____

Personal Guarantee

I, _____ ("Guarantor") personally guarantee all payments of existing and future obligations to Fagron, Inc. The undersigned also agrees to jurisdiction and venue in Minnesota in case of a dispute concerning this document or any related transaction. Customer and Guarantor agree to provide Fagron, Inc. with 60 days' notice of its intention to sell all of its assets. You understand and agree that the Customer and Guarantor are both liable for all charges and balances on this account.

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

Print Name: _____ **Title:** _____

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. Calls to and from Fagron, Inc. may be monitored for quality assurance purposes. Fagron, Inc. 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 1-800-423-6967 or you may send an e-mail to customer.service@fagron.us

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