



2950 Brother Blvd.
Bartlett, TN 381334
main: 844.334.9465
credit: 855.315.1900

Please return completed form via:	
EMAIL	
CALL/FAX	
ATTN	

ADMIN ONLY		
AM Name		
Sales #		
New Account?	Rev?	
CRM ID		



Credit Application

Trade Name (DBA):		DUNS#:
Legal Name:	If related to another TopRx account, list account number(s) and explain relationship (e.g. same owner):	
BILLING ADDRESS		
Address:		City/State/Zip:
Accounts Payable Phone:	Accounts Payable Fax:	Accounts Payable Email:
Accounts Payable Contact:		
SHIPPING ADDRESS		
Address:		City/State/Zip:
Phone:	Fax:	Email:
Approved Buyer Name(s):		
TRADE REFERENCES		
Primary Wholesaler:	Address:	City/State/Zip:
Account #:	Phone:	Fax:
Trade Reference	Address:	City/State/Zip:
Account #:	Phone:	Fax:
LICENSE INFORMATION		
DEA #:	Exp:	State License: Exp:
State BOPC (if applicable):	Exp:	Medical License (if applicable): Exp:
Tax ID:	Tax Exempt: YES NO	
BANK REFERENCE		
Bank Name:	Address:	City/State/Zip:
Account #:	Phone:	Fax:

Terms and Conditions

The undersigned (Applicant) certifies that the information contained herein is true and correct, and further authorizes TopRx, LLC (Seller), to make any inquiries necessary for verification of the information provided. The Applicant hereby indemnifies the Seller, and its agents, from any liability resulting from their credit inquiry. The Applicant further agrees that if credit is extended, all credit and sales made shall be subject to the following terms and conditions: (1) Applicant shall pay the full amount of the invoice(s) when due, which is defined to be thirty (30) days from the invoice date unless otherwise specified on the invoice or agreed to in writing by the Seller; (2) If payment in full is not received by the due date, Applicant shall owe, in addition to the invoice amount, a late fee of 1.5% per month (18% annum), or the maximum allowed by law, on all unpaid balances, plus costs of collection, including, but not limited to, attorney's fees, court costs, and collection fees that the Seller may incur in recovering the amount that is owed; (3) Applicant agrees that venue and jurisdiction for any such court action shall properly be at Shelby County, TN, the principal place of business of Seller.

I further certify that I am knowledgeable of the financial condition of Applicant and that I am empowered and authorized to enter into the aforesaid Agreement on Applicant's behalf. I further certify on Applicant's behalf that Applicant is solvent as defined by Article 1 of the Uniform Commercial Code, and that Applicant will immediately notify the seller if it becomes insolvent. I understand that TopRx, LLC reports to Business Crediting Reporting Agencies.

Authorized Signer's Name - PLEASE PRINT

Authorized Signer's Title - PLEASE PRINT

Authorized Signature

Date