

# Clint Pharmaceuticals Credit Application & Order Form

Phone: 800.677.5022 Fax: 800.341.6440

COMPANY / PHYSICIAN'S NAME \_\_\_\_\_ SPECIALTY \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BILL TO ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIP TO ADDRESS (If different from above) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

PURCHASING CONTACT \_\_\_\_\_ EXISTING CUSTOMER # \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

**AGREEMENT:** This agreement is binding and is made voluntarily by the undersigned customer to purchase products from Clint Pharmaceuticals, Inc. All of the information is true and correct. If Clint Pharmaceuticals, Inc. must turn this account over for collection, customer agrees to pay all costs associated with collection. These costs include, but are not limited to, attorney's fees, collection agency fees, and court costs. Customer agrees to pay 1-1/2% per month interest on unpaid balances which are past due. Customer agrees that any lawsuit arising from the customer's account shall be brought and maintained in the State of Tennessee, Davidson County, and shall be subject to the laws of Tennessee. Customer consents to the venue and jurisdiction of Davidson County, Tennessee. The undersigned customer is signing on behalf of the company/physician, and is also personally guaranteeing the payment of this account for the products purchased herein. The undersigned authorizes the use of a facsimile transmission copy of this application to be effective as an original copy. Upon submission of the Order Form, Customer may not cancel Flu Vaccine orders. At the customer's request, Clint Pharmaceuticals has supplied with select trays, labels for medications (Additional Labels). It shall be the customer's sole responsibility to ensure that the labels are properly applied to the correct medications. The customer indemnifies and holds Clint Pharmaceuticals harmless against all claims, liability, damages and costs including attorney's fees that may be incurred as a result of error in product use on the part of the customer. Products purchased from Clint Pharmaceuticals, Inc. are for patient use only and are not to be resold to other drug distributors, wholesalers or retailers. Due to circumstances beyond Clint Pharmaceuticals, Inc.'s control and the number of manufacturers represented, prices and availability of products are subject to change without prior notice.

**AUTHORIZING SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**NEW ACCOUNTS REQUIRE A COPY OF CURRENT LICENSE OR DEA FAXED TO 800-341-6440**  
**IF YOU HAVE ANY QUESTIONS, CALL TOLL FREE 800-677-5022.**

Order #					Product Name	Size	Quantity Ordered	Price	Amount
<b>P</b>	<b>L</b>	<b>R</b>	-	-	<b>Physician's Life Reference</b>	<b>Pocket</b>		<b>FREE</b>	<b>N/A</b>
			-						
			-						
			-						
			-						
			-						

SPECIAL INSTRUCTIONS \_\_\_\_\_

**SHIPPING PAID BY CUSTOMER. AVERAGE GROUND SHIPPING CHARGE FOR PHARMACEUTICALS IS \$9.00.**  
**REFRIGERATED ITEMS REQUIRE ADDITIONAL SHIPPING FEE.**