GRX-PHARMA

877-288-3407

To establish your account please complete this form and fax it back to (812)537-1146 or email to sales@grx-pharma.com. Please include a copy of all your **State Licenses and DEA Certificate**.

Business Legal Name: ____

DBA Pharmacy Name: ____

Type of Business(circle): 1. Pharmacy 2. Wholesaler/Mfg 3. Clinic 4. Hospital 5. Other______________

Billing Address:____

City: ________________________________ State: ________ Zip: _______________________

Shipping Address: ____

City: ________________________________ State: ________ Zip: _______________________

Phone: ______________________________ Fax: ____

Accounts Payable Contact: ________________________Email_________________________________

State Pharmacy Lic#: ______________________ DEA Lic#: _______________________________

Buyer Name:_____________________________ Buyer Phone:____________________________

CREDIT REFERENCE (***Primary + any references you have done business with in last 6 months***)

	Name	**Contact**	**Phone #**
Primary:			
Other:			
Other:			
Other:			

BANK REFERENCE(main bank you do business with)

Name: _________________________________ Phone#_________________________________

Address _______________________________ Acct#__________________________________

By signing the account application, you acknowledge responsibility for payment by both your Corporation, if any, and yourself individually. All invoices are due by the 10th of each month and will be for purchases from the previous month. All past due accounts over 30days will be assessed an 1.5% finance charge each month. In case of default, you agree to pay all reasonable collection and or attorney fees. All information stated above is correct to the best of your knowledge and you give permission for Green Hill Trading, Inc to verify any or all this information.

I consent to receive pedigree from GRX-PHARMA, Inc by e mail or by request. I consent to allowing GRX-PHARMA to confidentially maintain the transaction information, transaction history and transaction statements which conforms under section 582 (d) (1) (A) (iii) of the FD&C Act.

Signature_____________________________________ Date ____________________

Print Name___________________________________

Title____