



CUSTOMER SETUP FORM

BUSINESS INFORMATION

Sales Rep:

Field	Input Line
Legal Name:	
Trade Name (DBA):	
NPI Number:	
D-U-N-S #:	
GLN #:	
DEA License Number:	
Credit Limit Required:	
DEA License Number:	
DEA License Expiration:	
Billing Address:	
State License Expiration:	
Shipping Address:	

CONTACT INFORMATION

Field	Input Line
Owner's Name:	
P.I.C. (Person in Charge):	
Buyer's Name:	
Buyer's Email Address:	
Accounts Payable Contact Person:	
Accounts Payable Email:	
Phone Number:	
ALT. Phone Number:	
Fax Number:	
Website Address if Applicable:	
Accounts Payable Phone Number:	



Field	Input Line
Accounts Payable Fax:	

INDUSTRY REFERENCES (Check N/A for Credit Card P.O.S.)

Wholesaler/Supplier	Account Number
Primary Wholesaler:	
Secondary Supplier:	
Secondary Supplier:	

AUTHORIZATION AND AGREEMENT

Applicant certifies that the information contained herein is true and correct and further authorizes Aditus Pharma Ohio to make any inquiries necessary for verification purposes of the information set forth. The undersigned agrees and warrants that he/she shall be subject to the following terms for all purchases from Aditus Pharma Ohio: (1) Payment in full is due thirty (30) days from the invoice date unless otherwise agreed to in writing by Aditus Pharma Ohio; (2) If payment in full is not received by the due date, Applicant is subject to the maximum, Applicable rate for interest to date this fees up to 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, which Aditus Pharma Ohio may incur in recovering the amount owed; (3) Applicant agrees that venue and jurisdiction for any such court action shall be held in Butler, OH the principal place of business of Aditus Pharma Ohio.

I further Certify that I am an officer of Applicant, knowledgeable of the financial condition of Applicant, and that I am empowered and authorized to enter into the aforesaid Agreement on Applicant's behalf.

SIGNATURE BLOCK

Field	Input Line
PRINT Authorized Signer's Name	
Title	
Date	
Authorized Signature	