



CUSTOMER APPLICATION

(Please print in block letters)

Sales Rep: _____ Sales #: _____ Call Center: Y or N

Type of Business: Acute Primary Care Specialty Home Health Extended Long Term Pharmacy Closed Door Mail Order Supplier Other _____

Legal Company Name _____ Website Address _____ Federal Tax ID / EIN _____

Legal Address (Main Office) _____ City _____ State _____ Zip _____

Contact Name we may call for questions regarding this application _____ Title _____ Phone _____

Billing / Statement Address (if different than Main Office) _____ City _____ State _____ Zip _____

Accounts Payable Contact Person _____ Accounts Payable Telephone _____ Accounts Payable Fax _____ Accounts Payable Email _____

Shipping Information: If more than 1 Ship-to, please attach multiple Ship-to's Information

DBA or Business Trade Name of Account _____ \$ _____ Desired Credit Limit _____ Number of Employees _____

Ship to Address _____ City _____ State _____ Zip _____

Ship to Contact Person _____ Ship to Telephone _____ Ship to Fax _____ Ship to Email _____

Has applicant, applicant's parent or affiliates ever filed for bankruptcy? No Yes, attach explanation

YEAR established _____ YEAR Current Ownership _____ State Org _____

Ownership Type: Proprietorship Partnership Limited Partnership Limited Liability Company Private Corp Public Corp Professional Corp Non-Profit Corp Government

Principal Owner(s) or Stockholder(s) _____ % Ownership(s) _____ Last 4 digits Social Security Number(s) _____

NAME OF CONTROLLING ENTITY (if any) _____ Applicant's relationship to controlling entity _____ Phone _____

Address of Controlling Entity _____ City _____ State _____ Zip _____

REFERENCES:

Primary Bank/Financial Institution _____ Account Number _____ Contact Name _____ Phone _____

Primary Supply Provider _____ Account Number _____ Contact Name _____ Phone _____

Primary Technology Provider _____ Account Number _____ Contact Name _____ Phone _____

Additional Information Required (If applicable, please attach these documents to this application):

- Copy of Resale/Tax Exemption Certificate
 Copy of DEA Registration, State Pharmacy License, or Medical License
 Copies of 3 most recent and consecutive primary supplier statements
 Annual Financial Statements for the past 2 years (including balance sheet, income statement, and cash flow statements)

Customer hereby grants permission to Masters, its subsidiaries, affiliates, and agents to send advertising and promotional materials to the email(s) and fax number(s) listed above. This operates as consent under the 47 U.S.C. § 227 of the Telephone Consumer Protection Act.

Customer agrees to receive telemarketing calls or marketing emails from or on behalf of Masters or its agents or affiliates at the phone number and email address provided above.

Customer understands that consent is not a condition of purchase

This section applies to all accounts with MASTERS DRUG COMPANY, INC. and its affiliated companies ("Masters")

Customer agrees to abide by (I) standard terms of sale provided or made available by Masters and/or shown on Masters' invoices or statements and (II) any written agreement or terms of sale with Masters governing Customer's account. Customer agrees to pay for all purchases, fees and other charges incurred by Customer or an authorized user on any account of Customer, including service charges on past due amounts at the highest rate permitted by law (including purchases shipped and/or billed to a third-party agent on behalf of Customer).

Customer represents that it is entitled to discounted prices from manufacturers as it has notified Masters ("Contract Prices"). In consideration of Masters allowing Customer to purchase products at Contract Prices, Customer represents that Masters will be paid by the appropriate manufacturer the difference between Masters' acquisition price and the Contract Price ("Chargeback") and Customer will be liable to Masters for any unpaid Chargeback if any manufacturer (I) denies a Chargeback for any reason, (II) makes an assignment for the benefit of creditors, files a petition in bankruptcy, is adjudicated insolvent or bankrupt, or if a receiver or trustee is appointed with respect to a substantial part of its property or a proceeding is begun which will substantially impair its ability to pay Chargebacks or (III) fails to pay Masters Chargebacks for any reason other than Masters' gross negligence.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating due to race, color, religion, national origin, sex, marital status, age; or because all or part of the Customer's income is from any public assistance program; or the Customer, in good faith, exercises any right under the Consumer Credit Protection Act. The Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers compliance with this law. Customer represents and warrants that Customer has read and understands this form and has reviewed the information provided in its entirety, including responses completed for Customer by a Masters representative, and that all information is complete and correct. Customer agrees that Masters will be relying on such information and will notify Masters of any material changes to such information.

Customer agrees to provide Masters with financial statements upon request. Customer authorizes Masters, its employees, representatives, and agents to (I) investigate information provided and Customer's credit, financial and banking records, (II) obtain Customer's credit bureau report and (III) share with its affiliates experiential and transactional information regarding Customer and Customer's account. Masters is authorized to retain information obtained as part of the application process whether or not the requested account and/or credit is granted. Customer agrees to pay all reasonable attorney fees and expenses or cost incurred by Masters in enforcing its rights to collect amounts due from Customer. This form and any account opened in favor of Customer are subject to credit approval by Masters.

By signing below, the undersigned authorized Masters to order a consumer report related to the business principal(s) to determine credit eligibility.

Authorized Signature _____ Print Name _____ Title _____ Date _____

(By signing, I represent that I have sufficient authority to execute this application on behalf of the applicant and bind the applicant to the terms hereof)

Fax completed form back to (800) 201-6610. For any questions call (800) 982-7922. Visit us at MastersRx.com