



PHS TERMS AND CONDITIONS

This application is submitted to PREMIUM HEALTH SERVICES (hereinafter referred to as "PHS") for the purpose of obtaining credit. The undersigned represents and warrants that all information contained herein is current, correct, and complete, and that PHS may rely on such information in deciding to extend or discontinue credit. The undersigned agrees to notify PHS immediately, in writing, of any change in the foregoing information including, without limitation, any change in the nature of the business, ownership, name, or location of the business or financial condition of the undersigned. The undersigned agrees to furnish current financial information from time to time as requested by PHS. PHS may limit or discontinue any credit at its sole discretion at any time.

The undersigned authorizes PHS and any credit agency or any investigative service engaged by PHS to verify or otherwise investigate any information contained herein, or reference listed, statements, reports, or other information obtained with respect to the undersigned from any other source as PHS deems appropriate.

The undersigned agrees to pay in a timely manner all debts, accounts, and invoices owing to PHS in full accordance with the agreed upon terms of sale. The undersigned agrees that in the event such debts, accounts or invoices are not paid when due, they will accrue late charges at the rate of eighteen (18) percent per annum or the maximum rate allowed by law, whichever is the lesser rate.

Terms of payment for all orders are: Net 30 days from date of invoice, unless otherwise agreed to in writing by customers and PHS.

All customers wishing to establish a credit account with PHS must complete and sign this application form.

Prices are the prices in effect at the time the customer's order is accepted by PHS. Prices are subject to change without notice.

Credits for returned merchandise will be issued only for items that are authorized by PHS, in writing, for return, and will be credited to the customer's account to apply toward future purchases. Said credits will be issued at the original purchase price shown on the invoice, or the current price, whichever is less. Items returned due to customer error or overstocking are subject to a twenty percent (20%) handling charge. Any item returned for credit must be sealed in its original package - unmarked and unexpired - and have been stored and shipped in compliance with USP drug monographs and FDA guidelines, and the manufacturer's and any other applicable requirements, which customer may be required to certify. Dated products, refrigerated products, special order products and products with opened containers or packaging are not returnable unless otherwise agreed to by PHS. PHS is not responsible for merchandise returned without authorization, and reserves the right to reject the same and charge customer for any shipping or other charges incurred.

Any errors and/or discrepancies in orders must be reported by the customer within four (4) days of receipt of product.

Signature _____ Date _____

Title: _____

Company Name/DBA _____

**STATE LICENSE REQUIRED FOR ALL ACCOUNTS.
PLEASE SUBMIT A COPY OF STATE PHARMACY LICENSE.**