



## New Account Profile & Credit Application

Fax completed Application & Documents to 888.958.6980

### BUSINESS CONTACT INFORMATION

Title		DBA / Trade Name:	
Legal Business Name		<input type="checkbox"/> Sole Proprietorship	Year Business started:
Phone   Fax		<input type="checkbox"/> Partnership	D&B # :
E-mail		<input type="checkbox"/> Corporation	DEA # :
Registered Business Address City, State, Zip Code		<input type="checkbox"/> LLC <input type="checkbox"/> Other	Tax ID # :

### BUSINESS AND CREDIT INFORMATION

Entity <input type="checkbox"/> Pharmacy <input type="checkbox"/> Hospital <input type="checkbox"/> LTCF <input type="checkbox"/> Chain <input type="checkbox"/> Wholesaler <input type="checkbox"/> Other:			
How long at current address?		State Licence #	
Mailing Address City, State, Zip Code		Primary Business Address City, State, ZIP Code	
Phone		Contact Phone	
Fax		Contact Name	
E-mail			

### BANKING/BUSINESS/TRADE/REFERENCES

Bank Name		Bank Phone	
Address		Bank Fax	
City, State, ZIP Code		Bank Contact E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Accounts Payable Contact Person	
Primary Pharmaceutical Supplier		Phone	
Address		Fax	
City, State, ZIP Code		E-mail	
Contact Person			
Secondary Pharmaceutical Supplier		Phone	
Address		Fax	
City, State, ZIP Code		E-mail	
Contact Person			

### AGREEMENT

**Payment Options:**     30 Day Terms     Credit Card on File     Cash on Delivery (COD)     ACH Paid on Due Date

By submitting this New Account Profile and Credit Application, I/we authorize Proven Consulting, LLC to make inquiry of and investigate the Banking/Business/Trade references that I/we acknowledge that any claims arising from invoices must be reported to Proven Consulting, LLC within three (3) business days or shall be deemed waived. I/we agree that a copy of my/our State License must accompany this application.

I/We certify that all information provided in this New Account Profile and Credit Application is true, accurate, and complete. I/We have read and agreed to the terms hereof, and both Company and Guarantor, individually, guarantee(s) full performance and payment in accordance with this Agreement, jointly and severally. A finance charge of 1.5% per month (18% per annum) will be charged on all balances that are more than thirty (30) days past due. In the event it shall become necessary to institute collection procedures, I/We agree to pay all costs thereof, including all attorneys' fees incurred by Proven Consulting, LLC for said collection procedures. A \$35.00 fee will be charged for any returned checks.

### SIGNATURES

Print Company Name		Print Guarantor Name and Title	
Print Applicant Name & Title		Guarantor Signature	
Authorized Applicant Signature		Date	