

Richie Pharmacal Co
Account Application

Date _____

Acct Executive: _____

To establish your account please complete and mail or fax (1-800-260-8153) or scan and email (contact@richiepharmaceutical.com) these forms along with a copy of your Federal DEA Certificate and ALL state licenses.

Business Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

*Web Site: _____ Email: _____

State Pharmacy Lic #: _____ State Controlled Substance License # _____

DEA Number: _____ Expiration Date: _____

Buyer Name: _____ How did you hear about us? _____

I consent to receive fax advertisements from Richie Pharmacal. I understand that I may opt out at any time by contacting Richie Pharmacal at 1-800-627-0250. _____ (Please initial)

By signing of 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 30 days 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 Richie Pharmacal to verify any or all of this information.

Signature _____ Date _____

Internet Pharmacy “no sales” agreement

The undersigned, a duly authorized officer of _____ (name of corporation or business) _____ (DBA-doing business as) whose business location stated above (no P O Box); hereby certifies that this location dispenses medication within the rules and regulations of the governing state and the Federal DEA and does the appropriate due diligence assuring a physician/patient relationship exists and that the prescriptions issued are for a legitimate medical purpose within the scope of the physician’s professional practice. Products purchased are intended for the pharmacy’s or practitioner’s use ONLY in the provision of healthcare services in the location as listed/referenced above. Further, products shall not be distributed or sold to anyone for the purpose of resale or for the distribution to any third parties. The undersigned also hereby certifies that it does not engage in “Internet Pharmacy” activity, and is not affiliated with or participating in any “internet Pharmacy” activities.

By its duly authorized officer

Signature: _____ Title: _____

Print Name: _____ Date: _____

PHYSICIAN’S OFFICE AGREEMENT

Per DEA guidelines I will not, nor will my representatives, order prescription medications for self use, family members or employees.

Physician’s Signature _____ Date _____