



NEW CUSTOMER POST-APPLICATION

(Please print in block letters)

Company Information

<input type="text"/> Company Name	<input type="text"/> Website URL	<input type="text"/> Fax Number	
<input type="text"/> Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
<input type="text"/> Contact Name and Title	<input type="text"/> Phone	<input type="text"/> Email	

Billing Information: (Where invoices will be sent)

<input type="text"/> Company Name	<input type="text"/> Phone	<input type="text"/> Fax Number	
<input type="text"/> Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
<input type="text"/> Billing Contact Name	<input type="text"/> Title	<input type="text"/> Phone	<input type="text"/> Email

Payer Information: (Where invoices will be paid)

<input type="text"/> Company Name	<input type="text"/> Phone	<input type="text"/> Fax Number	
<input type="text"/> Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
<input type="text"/> Accounts Payable Contact Name	<input type="text"/> Title	<input type="text"/> Phone	<input type="text"/> Email

Shipping Information for each ship-to location: (Shipping Address information exactly as appears on DEA and Tax Exempt Certificates)

In order to comply with Federal, State and Local Regulations, JOM Pharmaceutical Services, Inc. ("JOM") will ship product strictly to properly registered businesses. A shipping location will be created for each DEA Certificate provided. Use additional sheet to add more ship to locations. In the event of a large number of sites, an excel spreadsheet can be provided upon request.

<input type="text"/> DBA or Business Trade Name of Account	<input type="text"/> Shipping Contact Person	<input type="text"/> Shipping Contact Telephone	
<input type="text"/> Ship-to Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
<input type="text"/> DBA or Business Trade Name of Account	<input type="text"/> Shipping Contact Person	<input type="text"/> Shipping Contact Telephone	
<input type="text"/> Ship-to Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code

Additional Information Required (Please include applicable documents):

- 1) Copy of DEA Registration Certificate(s) for all ship-to locations that will order from JOM
- 2) State Pharmacy or Wholesale Distribution License for each ship-to location
- 3) Copy of Controlled Substance State License/s if purchasing Scheduled products from JOM
- 4) Copy of Resale/Tax Exemption Certificate(s)
- 5) Annual Financial Statements for the past 2 years including Balance Sheet, Income Statement, & Cash Flow Statements (Note: Financial Statements are required on an annual basis while doing business with JOM)
- 6) Copies of three most recent and consecutive primary supplier statements



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Banking References

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank / Financial Institution # 1	Account Number	Contact Name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

AUTHORIZED SIGNATURE: Title: Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank / Financial Institution # 2	Account Number	Contact Name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

AUTHORIZED SIGNATURE: Title: Date:

Trade References

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade Reference # 1	Contact Name	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Account Number	Type of Account	Fax

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade Reference # 2	Contact Name	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Account Number	Type of Account	Fax

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade Reference # 3	Contact Name	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Account Number	Type of Account	Fax

Electronic Data Interchange (EDI) Information

Please check all transactions you are interested in exchanging with JOM:

- EDI 810 Electronic Invoice (Inbound)
- EDI 812 Electronic Credit Memo (Outbound)
- EDI 850 Electronic Purchase Order (Outbound)
- EDI 867 Product Transfer and Resale (Outbound)
- EDI 852 Product Activity (Outbound)
- EDI 856 Advance Shipping Notification (Inbound)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EDI Contact Name	Phone	Email	Fax



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Customer Payment Information

Please select your preferred payment method below:

- Paying via ACH
 - EFT [Preferred method]
 - CTX (Preferred)
 - CCD
 - Bank Wire
 - Paying by Check (Include copy of a blank voided check)

Tax Information

Please complete the required tax information below:

Tax Exempt

Tax ID Number

D & B D-U-N-S Number

Ownership and Purchasing Information

Principals, Owners or Officers

CFO / Controller Name

CFO / Controller Phone

CFO / Controller Email

Purchaser / Buyer Name

Purchaser / Buyer Phone

Purchaser / Buyer Email

Purchaser / Buyer Fax

Signature

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 accounts at the highest rate permitted by law (including purchases shipped and/or billed to a third-party agent on behalf of Customer). Without limiting JOM's other legal rights, JOM may exercise a right of set-off against amounts due Customer from JOM. JOM reserves the right, in its sole discretion, to change a payment term (including imposing cash payment upon delivery), to limit total credit and/or to suspend or discontinue the shipment of any orders to Customer if JOM concludes that (i) there has been a material change in the Customer's financial condition or payment performance or (ii) Customer has ceased or is likely to cease to meet JOM's credit requirements. JOM also requires Customers to provide the following Financial Statements on an annual basis to the Credit Department: Balance Sheet, Income Statement, & Cash Flow Statement.

AUTHORIZED SIGNATURE:

Title:

Date: