



355 INDUSTRIAL PARK BLVD  
 MONTGOMERY, AL 36117  
 (T) 1.866.710.7626  
 (F) 1.877.453.2184

## BUSINESS AGREEMENT

ACCOUNT INFORMATION					
COMPANY FULL LEGAL NAME			D.B.A. IF APPLICABLE		
PHONE #	FAX #		WEBSITE		
BILLING ADDRESS			SHIPPING ADDRESS		
(B) ADDRESS 2			(S) ADDRESS 2		
(B) CITY	(B) ST	(B) ZIP	(S) CITY	(S) ST	(S) ZIP
NATURE OF OWNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> TAX EXEMPT*				FED. TAX I.D.	
INDUSTRY					
<input type="checkbox"/> NURSING HOME		<input type="checkbox"/> DME/HME		<input type="checkbox"/> GOVT / SCHOOL	
<input type="checkbox"/> ALF / SCALF		<input type="checkbox"/> HOME HEALTH		<input type="checkbox"/> HEAD START	
<input type="checkbox"/> MH/MR/IR		<input type="checkbox"/> HOSPICE		<input type="checkbox"/> DEPT OF CORR	
				<input type="checkbox"/> EMS	
				<input type="checkbox"/> PHYSICIAN CLINIC	
				<input type="checkbox"/> OTHER _____	

\*You must provide tax exempt certificate / tax collection permit before exemption begins.

CONTACT INFORMATION		
OWNER NAME	PHONE	EMAIL
ACCOUNTS PAYABLE CONTACT	PHONE	EMAIL
PURCHASING CONTACT	PHONE	EMAIL

BANKING INFORMATION	
PRIMARY FINANCIAL INSTITUTION	ACCOUNT #
CONTACT NAME	PHONE #

INVOICE / PAYMENT INFORMATION			
PREFERRED METHOD FOR INVOICE <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> EDI (Certain conditions may apply)			REQUESTED LINE OF CREDIT
BILLING FAX #	BILLING EMAIL		
PREFERRED METHOD FOR PAYMENT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> CHECK BY PHONE <input type="checkbox"/> OTHER _____		PURCHASE ORDER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME ON CREDIT CARD	CREDIT CARD #	EXP DATE	CVV2
CHECKING ACCOUNT #		BANK ROUTING #	
OTHER - EXPLAIN			

## TERMS & CONDITIONS

Applicant hereby certifies that the information furnished on the reverse and any financial statement or other document furnished in connection herewith, is true, correct, and complete and is being furnished to Turenne PharMedCo, Inc. for the purpose of inducing Turenne PharMedCo, Inc. to extend credit to Applicant. Applicant understands that Turenne PharMedCo, Inc. intends to rely upon all such information.

Applicant hereby authorizes Turenne PharMedCo, Inc.:

1. to check Applicant's credit history and trade and bank references for customary credit information;
2. to confirm the information contained on this Application;
3. to release information to other creditors regarding any credit experience of Applicant with Turenne PharMedCo, Inc.; and
4. to retain any such credit history, references, and information together with this Application, whether or not credit is extended pursuant to this Application.

Turenne PharMedCo, Inc. may, at its sole discretion, deny or limit the extension of credit to Applicant at any time. Turenne PharMedCo, Inc. may also, at any time, decline to make any shipment or deliver or perform any work except upon receipt of full payment.

"I, the undersigned, an authorized officer or owner of \_\_\_\_\_ (hereafter referred to as "The Company") hereby apply for credit with Turenne PharMedCo, Inc. The Company understands that any credit extended shall be due and paid within thirty (30) days of invoice date. The Company agrees to pay a service charge of 1½% (annual percentage rate 18%) of the beginning monthly balance of any invoice not paid within thirty (30) days of invoice date. The Company agrees that upon failure to pay any payment in full when due, Turenne PharMedCo, Inc. may at its own option declare the full balance immediately due, and The Company agrees to pay all reasonable collection fees, attorney fees and court costs and further agrees to waive right to notice of deficiency.

The Company agrees that the terms and conditions of this agreement shall be construed pursuant to the laws of the State of Alabama, and that, should suit for breach of this agreement become necessary, the parties agree and consent to jurisdiction in the State of Alabama."

By Authorized Officer/Owner:

\_\_\_\_\_  
TURENNE PHARMEDCO., INC. REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TITLE