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CUSTOMER APPLICATION

Business Information

Legal Company Name		Doing Business As	
Contact Name		Title	

Shipping Address

City		State		Zip Code	
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Billing Address

City		State		Zip Code	
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Business Phone		Business Fax	
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E-mail		Federal Tax ID	
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Accounts Payable Contact		Phone Number	
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Purchaser Contact		Phone Number	
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Type of Ownership	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
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Years in Business		Have You Ever Filed Bankruptcy	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Class of Trade	<input type="checkbox"/> Retail/Community Pharmacy	<input type="checkbox"/> Hospital Pharmacy
	<input type="checkbox"/> Distributor/ Wholesaler	<input type="checkbox"/> Physician <input type="checkbox"/> Clinic

Ownership Information

Principal Owner(s)		Address	
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Owner(s) Work Location		Address	
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Principal Owner(s)		Address	
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Owners Work Location		Address	
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Trade References

Name of Bank		Account Number	
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Address of Bank		City		Zip Code	
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Primary Supply Provider		Account Number	
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Secondary Supply Provider		Account Number	
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Operational Information

Has the facility operated under any different names? If so, what are they?

Does your facility hold other licenses or certificates? If so, what/where are they?

Has the individual owner, corporation, officers, or any partner been disciplined by any state licensing board or federal drug entity? If yes, submit documentation describing the discipline.

Is the Owner the Pharmacist in Charge (PIC)? If not, who is the Pharmacist in Charge? (Provide a copy of the Pharmacist in Charge License)

Is the facility currently part of any government program such as but not limited to 340B? If so explain.

Has the Owner ever been convicted of a Felony or Misdemeanor? If so, please explain.

Are there any currently pending criminal or administrative actions against the facility, license, or an individual working within the facility? If so, please explain.

Additional Information required (please attach these documents to this application):

- State Pharmacy License DEA License Resale/Tax Exemption Certificate
 Federal Tax ID- form CP575 (or equivalent) Articles of Incorporation Voided Check
 Pharmacist in Charge License

By Signing below and in consideration for our extending you credit, you agree as follows:

1. You acknowledge that all information provided herein is accurate and that we are relying on your providing this information to extend you credit. Moreover, you give permission for Global Pharmacy Wholesale, to verify any or all this information and for all third parties to release credit information to Global Pharmacy Wholesale; If it is a company you are signing on behalf of, you acknowledge that you are authorized party binding the company and if you the principal of said company you agree to be bound personally as joint and several.
2. You agree to execute on behalf of yourself or the Company an ACH Agreement, Personal Guarantee, Supply Agreement and a Security Agreement (if necessary) in the form attached and you acknowledge that your failure to pay herein shall constitute a breach of the Said agreements which are integrated as part of this agreement.
3. All invoices are due 10th and 25th of the month. All past due accounts over 30 days will be assessed a 1.5% finance charge each month (or at the highest rate applicable under the law of your state) on the remaining balance. In case of default, you agree to pay all reasonable collection costs and/or attorney fees.
4. You agree that in case a dispute arises where we are compelled to sue for any deficiency in your account, you agree that suit can be brought in Wayne County Circuit Court or the Federal District Court for Eastern District of Michigan.
5. You understand and agree that you will have 48 hours from the date of the delivery to challenge any pricing or quantity matters located on the invoice. Should you fail to do so within the 48-hour period, there is a presumption that the invoice is accurate, and you waive any right to further action on said invoice.
6. I consent to receive fax advertisements from Global Pharmacy Wholesale. I understand that I may opt out at any time by contacting Global Pharmacy Wholesale by phone at 313-436-1078, by fax at 855-710-7170, or by email at compliance@glbpharma.com.
7. I attest that the information provided on this application is true. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated here are true.

Signature

Date

Print Name

Title

TERMS AND CONDITIONS

Company Name	Credit Limit Request
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Customer Payment Set Up

Please select ONE of the following:

Pay by Check	<input type="checkbox"/> Mail Check (P.O. Box 2998, Dearborn, MI 48123)		
Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Name on Account			Bank Name
Account Number			Bank Routing #
Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Credit Card Number	Exp	Security Code (CCV)	
Name on Card			
Billing Address			
City	ST	Zip Code	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Global Pharmacy Wholesale of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Global Pharmacy Wholesale may at its discretion attempt to process the charge again within 15 days, and agree to an additional \$50.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

<u>Signature</u>	<u>Date</u>
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Secondary source supply agreement and promise to pay

This Agreement is entered into between pharmacy whose address is confirmed above hereinafter referred to as Purchaser, and Pharmasense, LLC DBA Global Pharmacy Wholesale, whose address is 23456 Kean St, Dearborn MI 48124 hereinafter referred to as ("GPW"). Purchaser understands and agrees to the following terms and conditions of sale: Background: Pharmasense LLC is the owner of a pharmaceutical wholesale business based in Michigan supplying over the counter (OTC), compounding medication and other prescription and generic medication ("Products") to retail pharmacy ("Purchaser") based in the aforementioned state under market favorable terms outlined herein in price list to be provided from time to time by Global Pharmacy Wholesale. Purchaser understands and agrees to the following terms and conditions of sale: 1. Term of the Agreement. This agreement shall be valid for an indefinite period unless otherwise by either party by giving a 60 days' notice. 2. Payment Terms; Payment terms are set forth in the Application for Credit submitted by Purchaser and is incorporated herein. Should Purchaser be granted limited Credit or advanced rebate amount or any other funding under the terms of the parties' agreement, Purchaser agrees as follows: Payment. Purchaser agrees to pay amounts when due under the Credit Application to Seller. Purchaser and its officers and shareholders agree to be held personally liable under the terms of the repayment outlined herein in a JOINT AND SEVERELY liability terms. In other words, all officers and shareholders will be liable jointly for the full amount of the debt as either guarantors or Purchaser(s). The default interest rate shall be at the highest interest rate allowed under the Michigan statute. Grant of Security Interest. To secure all of Purchaser's existing and future liabilities to PHARMASENSE, LLC DBA GLOBAL PHARMACY WHOLESale, (the foregoing liabilities and obligations being referred to in this Agreement as the "Obligations"), Purchaser grants to PHARMASENSE, LLC DBA GLOBAL PHARMACY WHOLESale a security interest in all of the personal property of Purchaser, now owned or hereafter acquired, including: Accounts (including health -care-insurance receivables), inventory, equipment, letter-of-credit rights, general intangibles, supporting obligations and proceeds and products of all of the foregoing (collectively the "Collateral"). In addition to this Purchaser authorizes PHARMASENSE, LLC DBA GLOBAL PHARMACY WHOLESale to file a financing statement describing the Collateral as "all assets" as mentioned above and further allow the filing of a "Continuation Statement" (UCC-3 Amendment) per respective state law. Said filing shall be authorized throughout the entire term of the parties' relationship and shall apply to Debtor's agents and officers if certain assets are owned in their individual capacities and have executed a personal guarantee. Moreover, Creditor may file a "fixture filing" or UCC-1 with Secretary of State of the state where the property is located or with the County Recorder's Office or Court of proper jurisdiction as allowed by the state Uniform Commercial Code. Should GPW (at the sole discretion of GPW) deem it necessary for Purchaser to execute a Promissory Note and Security Agreement, Purchaser agrees to comply with said request. 1. Miscellaneous Provisions: a. In any and all actions and proceedings, whether arising under this Agreement or under any other agreement or undertaking, PHARMASENSE, LLC DBA GLOBAL PHARMACY WHOLESale and Purchaser hereby irrevocably consent to the jurisdiction of the United States District Court for the Eastern District of Michigan and of all Michigan State Courts sitting in Wayne County, Michigan. b. Governing Law. This Agreement and the rights and obligations of the parties hereunder shall be construed, interpreted, and enforced in accordance with and governed by the laws and regulations, as amended, of the State of Michigan with venue and jurisdiction as mentioned above. a. Successors and Assigns. This Agreement shall inure to the benefit of and be binding upon the heirs, successors and assigns of each of the parties; provided, however, that this Agreement may not be assigned by Purchaser without the prior written consent of PHARMASENSE, LLC DBA GLOBAL PHARMACY WHOLESale. b. PHARMASENSE, LLC DBA GLOBAL PHARMACY WHOLESale MAKES NO REPRESENTATION OR WARRANTY AS TO MERCHANTABILITY OF THE PRODUCTS OR RELATED PRODUCTS OR OF THEIR FITNESS FOR ANY PARTICULAR OR INTENDED PURPOSE OR USAGE, AND IT EXPRESSLY DISCLAIMS ANY OTHER WARRANTIES OR REPRESENTATIONS, EXPRESS OR IMPLIED, WITH RESPECT TO THE PRODUCTS OR RELATED PRODUCTS WHATSOEVER. a. Compliance with Laws, Severability of Provisions. The Purchaser expressly warrants that entering into this agreement shall not cause a breach of any other agreement(s) with any other party. b. Purchaser's Indemnity. Purchaser agrees to protect, indemnify and save PHARMASENSE, LLC DBA GLOBAL PHARMACY WHOLESale harmless from any and all expenses (including reasonable attorney's fees and litigation expenses), liabilities, losses, damage, claims, fines, penalties, suits and cost: (a) directly or indirectly resulting from, arising out of, or in any way connected with, any injury to any person(s) or loss or damage to any property (including the person or property of Purchaser or Purchaser's employees), (b) directly or indirectly resulting from, arising out of, or in any way connected with, the violation of any Federal, state or local law, ordinance, or regulation by Purchaser, its agents, employees, or customers, (c) directly or indirectly resulting from, arising out of, or in any way connected with, the operation or conduct of Purchaser's business and (d) and from any breach of this or any other agreement executed by the parties. I/We have read and agree to the terms specified above and certify that all information provided is true and accurate.

<u>Signature</u>	<u>Date</u>
<u>Print Name</u>	<u>Title</u>

Make sure you attach the following documents

1. Copy of DEA Registration, State Pharmacy Licenses, Resale Certificate
2. Copy of Federal Tax ID and Articles of Incorporation
3. Copy of Pharmacist in Charge License



Fax to: 1.855.710.7170
Email to: compliance@glbpharma.com

GPW-SOP-004

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