



Your Dedicated Partner in Women's Reproductive Health



1640 Roanoke Blvd
Salem, VA 24153
Ph 800-850-1657 Fax 800-361-6984
customerservice@hpsrx.com

New Customer Account Application

Facility/Pharmacy Name (if applicable) _____

Name of Ownership/Corporation _____

Administrator/Manager
Name _____ Address _____ Title _____

Shipping Address: _____

Bill to address: _____

Accounts Payable Contact _____

Phone _____ Fax _____ Email Address: _____

Purchasing Contact _____

Phone _____ Fax _____ Email Address: _____

Type of business: ___Clinic ___Hospital ___Physician's office ___Hospital affiliated Physician Office
___Pharmacy ___Distributor ___Other: _____

Are you a member of a Group Purchasing Program? ___Yes ___No
If yes which Group Purchasing Program/s are you a member of? _____

A current and valid copy of your State License as well as a DEA license (if applicable) must be sent along with the application in order to set up an account. Due to Federal Regulations, we are unable to ship any products to a residential address.

- 1. Do you operate an Internet Site that offers the sale of Pharmaceuticals to the general public? Yes ___ No ___
- 2. Do you operate a mail order pharmacy? Yes ___ No ___
- 3. Do you intend to purchase controlled substances from HPSRX Enterprises Inc? Yes ___ No ___

If yes to question# 3, you must complete page 3 of this application.

I declare under penalty of perjury that the foregoing information is true and correct.

Signature of Authorized Principal

Date



Credit Application

Name/Address

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

____ Corporation ____ Partnership ____ Sole Proprietor ____ LLC

Corporation Name: _____ Owners name: _____

Tax ID #: _____ Dun & Bradstreet #: _____

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Open Since:	Account Open Since:	Account Open Since:

Bank References

Institution Name: _____ Phone: _____

Account Number: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

In submitting this application, the undersigned hereby warrants the following: The information submitted is true and correct. HPSRx Enterprises Inc is authorized to investigate the applicants' credit and/or any credit-reporting agency. In consideration of the extension of credit, the undersigned agrees that payment in full will be made no later than thirty (30) days from the invoice date. A 1.5% per month finance charge will be assess on all past due balances. Applicant agrees to pay any collection costs incurred to collect the balance amount, including reasonable attorney's fees, if necessary. Credit will not be approved without signature of individual.

Signature of Responsible Party

Title

Date

Please Print Name

*Payment options are by check or credit card. We accept Visa, Mastercard, American Express and Discover. If you are interested in Auto Pay (automatically charge credit card per order) please call for an application.



Credit Card Application

Credit Card Type: _____ VISA _____ MasterCard _____ American Express

Credit Card Number: _____

Security Code: _____

(3 digits on back of card)

Cardholder's Name as it appears on card

____ / ____ (MM/YY)

Expiration Date

Billing Address for credit card

City

State

Zip Code

____ I authorize HPSRx Enterprises Inc. to automatically charge the credit card listed above each time an order is placed.

____ I authorize HPSRx Enterprises Inc. to charge this credit card for payments to my account when instructed.

Cardholders Signature

Date



Terms and Conditions

Price Policy

We make every effort to maintain our prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices and terms are subject to change without notice.

HPSRX Enterprises Inc and Customer agree that the terms and conditions here in set forth shall govern the relationship between HPSRX Enterprises Inc and Customer. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with HPSRX Enterprises

Payment Policy

HPSRX Enterprises Inc is authorized to investigate the applicants' credit and /or any credit reporting agency. In consideration of the extension of credit,

the undersigned agrees that payment in full will be made no later than thirty (30) days from the invoice date. A 1.5% per month finance charge will be assessed on all past due balances. After 45 days past due account will be placed on hold and orders will not be filled until payment in full has been received. Applicant agrees to pay any collection costs incurred to collect the balance amount, including reasonable attorney's fees, if necessary. Payment must be made in US currency only and may be in the form of a check or credit card.

Customer agrees not to make any deductions from payment unless a credit memo has been issued or authorization from accounts receivable representative. Credit memo number must be documented on check or invoice.

Shipping Policy

Continental US: Free FedEx ground shipping on pharmaceutical orders totaling \$250.00 or greater, shipping within the contiguous US. Pharmaceutical orders under \$250.00 and other product orders are subject to actual shipping charges.

There will be a Refrigeration Handling fee of \$10.00 added to any refrigerated order shipped. All refrigerated items are shipped Monday through Thursday by FedEx Next Day Air Saver. We will not ship refrigerated item products on the day before a holiday.

Next business morning, next business day, 2nd day shipping services, or Saturday delivery are available for an additional fee.

Refrigerated items ordered with non-refrigerated items may be shipped separately,

Regulations require that we sell & ship controlled items to registered, licensed facilities only (no P.O, Boxes or residential addresses). We must have a valid copy of your DEA license, verifying shipping address, on file.

Alaska & Hawaii: All orders are subject to a shipping fee.

HPSRX Enterprises Inc is not responsible for delays in transit due to weather conditions, carrier strikes, and other acts of nature which may impede shipment for product.

Return Policy

HPSRX Enterprises Inc cannot accept any returns without prior authorization. To arrange for a return please call our Customer Service department. The following conditions must be completed. All returns must be authorized prior to return, unopened and properly labeled. Authorization and acceptance of returns for reasons other than a shipping error or damage, as long as the product is re-sell-able, is at the sole discretion of HPSRX Enterprises.

- All returns must be accompanied by a copy of your Invoice and a copy of return authorization.
- Returned products must have been purchased within the previous 30 days. Any returns past thirty days are subject to a restocking fee.
- Any shortages or errors in shipments must be reported within 7 days of invoice date to issue credit (if applicable).
- Unless HPSRX error there will be no reimbursement for shipping charges.
- Customer will be responsible for cost of return shipments

Non Returnable Items: Expired Products
Controlled Drugs
Immune globulin Products
Items that Cannot be returned to Manufacturer
Special Order Items

Federal law requires that any drugs returned to a wholesale distributor, are kept under proper conditions for storage, handling and shipping. The Prescription Drug Marketing Act also requires that written documentation indicating that proper conditions were maintained is provided to the wholesale distributor to which the drugs are returned. HPSRX Enterprises has form which will need to be completed and returned to document this information. Upon approval of authorization it will be sent and must be faxed back to the representative authorizing return.