



New Customer Application

Date: _____

Customer # _____

Business Name: _____

Mailing Address: _____

Shipping Address: _____

Telephone #: _____

Fax #: _____

Email: _____

Type of Business: _____

How did you hear about Total Pharmacy Supply, Inc? _____

Type of Business: () Individual () Corporation () Partnership () Other _____

Names of Partners/Owners/Officers: _____

A/P Contact: _____

A/P Phone: _____

Bank Reference

Name and Address: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Credit References

Name _____

Name _____

Address _____

Address _____

Contact Person _____

Contact Person _____

Phone # _____

Phone # _____

Fax # _____

Fax # _____

The signature below authorizes release of credit information to Total Pharmacy Supply, Inc. It also indicates agreement to term of Net 30 unless specifically stated differently.

Signed

Title

Date

FOR OFFICE USE ONLY:

Order Amount \$ _____

Approved By _____

Salesperson: _____

Date: _____

Credit Limit: _____

Entered By: _____