NEW CUSTOMER APPLICATION

Registered Company Name:_____
DBA:_____
Class of Trade: _____ Sales Rep: _____

Billing Address: _____
City: _____ State: _____ Zip Code: _____
Phone:_____Email:_____

Shipping Address: _____
City: _____ State: _____ Zip Code: _____
Phone:_____Email:_____

Owner/Officer Name:_____
Authorized Buyer : _____
Accounts Payable Contact: _____
Accounts Payable Phone: _____ Fax:_____
Accounts Payable E-Mail Address: _____

LICENSE INFORMATION (Please send a copy of Licenses to info@astordrugs.com)

State License #: _____ Expiration Date: _____
DEA #: _____ Expiration Date: _____
EIN#_____

PAYMENT METHOD

Credit Card: _____ (Amex, Mastercard, Visa) CVV: _____ (**3% Convenience Fee**)
Card Number: _____ Exp. Date: _____
Name on Card: _____

ACH Draft-**No Fee** (must submit a voided check with this form) ☐
I _____ authorize Astor Pharmaceuticals LLC to debit the bank account indicated for payment of my obligations. Bank: _____ Bank Address: _____
Account # (required): _____ ABA Routing (required) #_____
Name on Account: _____
Billing Address: _____

Trade References

Business: _____ Contact: _____
Business: _____ Contact: _____
Business: _____ Contact: _____

Astor Pharmaceuticals LLC

Tel 631-888-9052 665 Union Ave Suite 3 www.astordrugs.com
Fax 631-381-6225 Holtsville NY 11742 info@astordrugs.com

Astor Drugs

IT Department Contact Information

Purchase Ordering & EDI Capability: Please select Y/N

Is your organization EDI Capable? No ☐ Yes ☐

EDI 850 Setup?	No ☐	Yes ☐
EDI 856 Setup?	No ☐	Yes ☐
EDI 810 Setup?	No ☐	Yes ☐
EDI 832 Setup?	No ☐	Yes ☐

Software Provider:_____

EDI Contact Information:_____

Notes:

I hereby certify that the above information is correct. I agree to pay and authorize charges to my card for all open invoices.

The information included in this credit application is only for the use of Astor Drugs, Inc

Terms: All invoices are required to be paid within terms assigned unless specifically indicated on the invoice. By signing this application, the undersigned, acting as an agent and on behalf of the Customer, has authority to commit Customer to pay all bills incurred by Customer in a timely fashion as outlined by the terms described on each invoice. Further, the Customer agrees that in the event it becomes necessary for Astor Pharmaceuticals LLC (Astor) to incur collection costs or institute legal action to enforce rights arising out of an Invoice or a Purchase Order, the Customer agrees to pay such additional collection costs, interest at the rate of Eighteen Percent (18%) per annum or the maximum rate allowed by law, whichever is greater, and reasonable attorney's fees. The Customer waives all rights of set off, rights to a trial by jury, and consents to the jurisdiction of the State of New York, for resolution of all disputes. The Customer warrants that the above information is true and correct and authorizes Astor to conduct a credit investigation on behalf of Customer to include all references and credit reports. The undersigned individuals hereby consent to Astor use of a non-business consumer credit report in order to further evaluate the credit worthiness of the undersigned individuals as a principal or guarantor in connection with the extension of credit and further authorize Astor to utilize a consumer credit report on the undersigned individuals from time to time in connection with the extension of credit contemplated by this application and knowingly consents to the use consistent with all federal, state and local laws, including 15 USC Section 1681, et.seq. The undersigned individuals herby guarantee the prompt and full payment of all indebtedness of Customer, including all costs and reasonable attorney's fees necessary for collection and enforcement of this guarantee. The obligations of the undersigned individuals shall be primary and not secondary to Customer. This guarantee shall be a continuing and irrevocable guarantee and indemnity for the indebtedness of the Customer. The undersigned individuals waive all notice of default, nonpayment and notice thereof, waive all rights to a trial by jury, and consent to any modification or renewal of the credit agreement hereby guaranteed and consent to the jurisdiction of the State of New York, for resolution of all disputes.

Authorized Representative Name: _____Title_____

Authorized Representative Signature: _____ Date: _____

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