

# Quantum Rx

## Credit Application

Tel: (313) 387-9988 or Toll Free : (877) 495-9988 Fax: (313) 221-9988

To establish your account with us you must complete and mail this form. If information is give by the phone and your first order is released, no future orders will be processed until we receive this signed credit form.

### \*\*\* Background Information \*\*\*

\*\* A copy of your DEA license must be submitted before any re-orders will be processed \*\*

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ State Pharmacy License No. \_\_\_\_\_  
DEA No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
DEA Schedules: \_\_\_\_\_ 2 \_\_\_\_\_ 2n \_\_\_\_\_ 3 \_\_\_\_\_ 3n \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Date Business Started: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Prop. \_\_\_\_\_  
Owner/Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Owner/Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Bookkeeper: \_\_\_\_\_ Manager: \_\_\_\_\_  
Additional Comments/Other Store Details: \_\_\_\_\_  
\_\_\_\_\_

### \*\*\* Credit Information \*\*\*

Bank Name: \_\_\_\_\_ Checking Acct. No. : \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit References	Address	Phone	Acct
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

By the signing of the credit application you acknowledge responsibility for payment by both your corporation, if any, and yourself individually. All invoices are due 14 days after the statement date. All past due accounts over 30 days will be assessed a 1.5% finance charge each month on the remaining balance. In case of default, you agree to pay all reasonable collection and/or attorney fees. All information stated above is correct to the best of your knowledge and you give permission for Quantum Commerce ,LLC, to verify any or all this information and for all third parties to release credit information to Quantum Commerce, LLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \*\*\* FOR OFFICE USE ONLY \*\*\*

Credit Department \_\_\_\_\_ Rating: \_\_\_\_\_ Account No. : \_\_\_\_\_