



1640 Roanoke Blvd.
 Salem, VA 24153
 Phone: (800) 850-1657
 Fax: (800) 361-6984
 customerservice@hpsrx.com

Your Dedicated Partner in Women's Reproductive Health



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: _____

Purchasing Contact: _____

Phone: _____ Fax: _____ Email: _____

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 4 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 & Brad Street #:** _____

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:** _____

Would you like your invoices and statements sent via: **Mail** **Email** **Both**

If email, please provide the email address you would like them sent to: _____

_____ _____

Signature of Responsible Party

Date

_____ _____

Please Print Name

Title

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 and 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. Applicant agrees to pay any collection cost incurred to collect the balance amount, including reasonable attorney's fees, if necessary.

*Payment options are by check or credit card. We accept Visa, MasterCard, American Express and Discover.



Authorization to Purchase Controlled Substances

****Note : If you do not intend on purchasing Controlled Substances you do not need to complete this section**

Due to the increased abuse of controlled drugs we are required to perform our due diligence to help to ensure that all transactions are valid and prevent any suspicious orders from being filled.

If you do not intend on purchasing controlled substances you may skip this section of questions. We are unable to fill any controlled substance orders without the following information completed.

- 1. Does your facility have procedures in place to monitor or prevent addiction and diversion of controlled substances?
 Yes No
 If yes, please attach a copy of the procedures.
- 2. Do you conduct random unannounced drug testing for your employees? Yes No
- 3. What percentage of the facilities pharmaceuticals purchases are controlled substances?
 CIV-CV____% CIII____% C2____%
- 4. What percentage of the facilities pharmaceutical purchases are non-controlled substances? ____%
- 5. How many patients is your facility currently treating per month? #_____
- 6. Does this facility order for, transfer, supply, distribute or sell controlled pharmaceuticals to any other practitioners or facilities?
 If answer is yes please attach list. Yes No
- 7. Does this facility fill prescriptions issued by the practitioners based solely on an on-line questionnaire without a medical examination or bona-fide doctor-patient relationship? Yes No
- 8. Does facility sell or ship pharmaceuticals by mail order? Yes No
- 9. Is facility complying with the laws of the state in which it is administering/dispensing controlled substances?
 Yes No

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

Signature of Authorized Principal Date

Please Print Name Title

Send a copy of your current DEA license with completed application

Address on license must be the same as the address to which orders are being shipped.



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 after 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 put due account will be place 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 UPS 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 for 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 the manufacture, and Special order items

Federal law requires that any drugs returned to a whole sale 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 a form which will need to be completed and returned to document this information. Upon approval of authorization it will be sent and must faxed back to the representative authorizing return.