

**COMPANY INFORMATION**

Legal Business Name	Primary Email	Phone Number	Fax Number
Primary Business Address		City	State ZIP
Accounts Payable Contact Person	Accounts Payable Phone Number	Accounts Payable Email	
<input type="checkbox"/> Balance Sheet Attached	<input type="checkbox"/> Bank Statement Attached	Estimated Annual Orders:	

**BANK REFERENCES**

Primary Bank / Financial Institution	Account Number	Account Number
Address	City	State ZIP
Contact Name	Phone	

**CREDIT REFERENCES**

1. Supplier Name	Type of Account	Account Number	Date Opened
Address		City	State ZIP
Contact Name	Phone		
2. Supplier Name	Type of Account	Account Number	Date Opened
Address		City	State ZIP
Contact Name	Phone		

**TERMS**

Customer represents and warrants that Customer has read and understands this form and has reviewed the information provided in its entirety, including responses completed for Customer by a V2 Pharma, LLC representative, and that all information is complete and correct. Customer agrees that V2 Pharma, LLC will be relying on such information and will notify V2 Pharma, LLC of any material changes to such information. V2 Pharma, LLC reserves the right, in its sole discretion, to change payment term (including imposing cash payment upon delivery), to limit total credit and/or to suspend or discontinue the shipment of any orders to Customer if V2 Pharma, LLC concludes that (I) there has been a material adverse change in the Customer's financial condition or payment performance or (II) Customer has ceased or is likely to cease to meet V2 Pharma, LLC's approved credit requirements.

Customer agrees to provide V2 Pharma, LLC with financial statements upon request, Customer authorizes V2 Pharma, LLC, its employees, representatives, and agents to (I) investigate information provided and Customer's credit, financial and banking records, (II) obtain Customer's credit bureau reports and (III) share with its affiliates experiential and transactional information regarding Customer and Customer's account. V2 Pharma, LLC is authorized to retain information obtained as part of the application process whether the requested account and/or credit is granted. Customer agrees to pay all reasonable attorney fees and expenses, or cost incurred by V2 Pharma, LLC in enforcing its right to collect amounts due from Customer, this form and any account opened in favor of Customer are subject to credit approval by V2 Pharma, LLC.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating due to race, color, religion, national origin, sex, marital status, age; or because all or part of the Customer's income is from any public assistance program; or the Customer, in good faith, exercises a right under the Consumer Credit Protection Act. The Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers compliance with this law.

I represent that I have sufficient authority to execute this application on behalf of the applicant and bind the applicant to the terms hereof.

**AUTHORIZED BY:**

First Name*	Last Name*	Signature*	Date*
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