



Your Dedicated Partner in Women's Reproductive Health



1640 Roanoke Blvd
Salem, VA 24153
Ph 800-850-1657 Fax 800-361-6984
customerservice@hpsrx.com

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 Address:

Purchasing Contact

Phone Fax Email Address:

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 3 of this application.

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

Signature of Authorized Principal

Date



**Credit Application**

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_ Corporation      \_\_\_\_ Partnership      \_\_\_\_ Sole Proprietor      \_\_\_\_ LLC

Corporation Name \_\_\_\_\_ President Name \_\_\_\_\_

Owners Name \_\_\_\_\_

Accounts Payable Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary Supplier \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Supplier \_\_\_\_\_ Phone \_\_\_\_\_

Other Trade Reference \_\_\_\_\_ Phone \_\_\_\_\_

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

***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 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. Applicant agrees to pay any collection costs incurred to collect the balance amount, including reasonable attorney's fees, if necessary. Credit will not be approved without signature of individual.***

\_\_\_\_\_  
*Signature of Responsible Party      Date*

\_\_\_\_\_  
*Signature of Authorized Principal      Date*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Please Print Name*

\*Payment options are by check or credit card we accept VISA, MasterCard, American Express, and Discover.

If you are interested in Auto Pay (automatically charge credit card per order) please call for an application.

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



## Authorization to Purchase Controlled Substances

**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*

**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 hereinafter 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 past due account will be placed on hold and order 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 UPS Next Day Air Saver. We will not ship refrigerated 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 of 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-sellable, 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 Manufacturer  
Special Order items

Federal law requires that any drugs returned to a wholesale 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 be faxed back to the representative authorizing return.