

Our Purpose: Strengthen the clinical success and financial health of caregivers by solving their biggest problems.

PSS Sales Representative:

Credit Department Fax Number:

CONTACT INFORMATION

Legal Business Name:		DBA (if any):	
Billing Address:	City:	State:	Zip:
Shipping Address (if different):	City:	State:	Zip:
Phone:	Fax:	Contact:	
E-mail:	Note: User ID for online ordering via <u>MyPSS.com</u> will be sent to this address.		
Credit Limit Requested: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other Amount: \$			
Note: A personal guaranty or banking and trade references may be required.			

BUSINESS AND OWNERSHIP INFORMATION

Practice Specialty:	# of Doctors:	In Business Since:
Sales Tax Exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach copy of certificate)	<input type="checkbox"/> Gov't <input type="checkbox"/> Reseller <input type="checkbox"/> Non-Profit	
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Other		
Previous PSS Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State Medical License #:	Physician's Name:	Expiration Date:

ADDITIONAL OFFERINGS

D.E.A. License #:	Physician's Name:	Expiration Date:
Note: DEA Lic # above is required to participate in our <u>Pharma</u> Cost Containment Program, Rx Plus (no charge)		
Do you want to enroll in our cost containment program, PSS Advantage Club? (no charge) <input type="checkbox"/> Yes or <input type="checkbox"/> Please send more information		
Are you interested in buying controlled Rx items? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SIGNATURE

On behalf of the above-listed business ("Customer"), I certify the information contained in this Account Setup Application and Credit Agreement ("Agreement") is accurate and complete. Such information has been furnished for Physician Sales & Service ("PSS") to determine the amount and conditions of credit to be extended. PSS is authorized to obtain a copy of Customer's commercial credit report from any one or more sources for purposes pertaining to this Agreement. All past due amounts owed by Customer to PSS shall bear interest at the rate of 1.5% per month or the maximum amount allowed by applicable law, whichever is less, until paid in full, and Customer shall reimburse PSS for all costs and expenses (including reasonable attorneys' fees and court costs) incurred by PSS in connection with collecting any past due amount. All purchases made by Customer are subject to PSS' Terms and Conditions of Sale, which may be found at www.pssd.com/terms.

Authorized Signature	Authorized Signature
Date	Date
Print Name	Print Name
Title	Title