



**Alkemists Pharmaceuticals Inc.  
Credit Application for a Business Account**

To Comply with the Federal and State Law, we are seeking your taxpayer identification number along with other pertinent information.

**Business Contact Information**

Title:

Company Name:

Federal Tax ID#:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

**Business and Credit Information**

Primary business address:

City:

State:

ZIP:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

City:

State:

ZIP:

Phone:

Amex:

Discover:

MC:

Visa:

Card Holder's Name:

Acct. #:

Exp. Date:

**Business and/or trade references**

Company name:

Address:

City:

State:

ZIP:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP:

Phone:

Fax:

E-mail:

**Agreement**

1. New accounts require a prepayment by check or a credit card on file.
2. Invoices for established accounts are to be paid 30 days from the date of the invoice.
3. Claims arising from invoices must be made with 7 working days.
4. By submitting this application you accept the above conditions and authorize Alkemists Pharmaceuticals Inc. to make enquiries to the banking, business, and trade references provided.

**Signatures**

Title:

Date:

Title:

Date: