CROWN MEDICAL SERVICES

1750 California Ave. # 116, Corona, CA 92881
Tel: (951) 735-1108 Fax: (951) 735-1109

# NEW CUSTOMER ACCOUNT APPLICATION

**Please print in block letters, fax to 951-735-1109**
**To order Pharmaceuticals, please fax a copy of the Medical and DEA license**

## SHIPPING INFORMATION:

LEGAL ACCOUNT NAME: _____

CUSTOMER GROUP: COLLEGE ( ), DENTAL ( ), HOSPITAL ( ), PHYSICIAN ( ), CHIROPRACTIC ( ), WHSL ( )

SHIPPING ADDRESS:_____

CITY:_____ STATE:_____ ZIPCODE:_____

PRIMARY CONTACT NAME AND PHONE#:_____FAX#:_____

## BILLING INFORMATION:

DBA OR BUSINESS TRADE NAME:_____

ADDRESS IF DIFFERENT THAN ABOVE:_____

CITY:_____ STATE:_____ ZIPCODE:_____

A/P CONTACT NAME AND PHONE#:_____FAX#:_____

ESTIMATED MONTHLY PURCHASES:_____NUMBER OF EMPLOYEES:_____

TAX EXEMPT:__YES __NO , RESALE #:_____, PLEASE ATTACH RESALE CERTIFICATE IF APPLICABLE

TYPE OF BUSINESS: _____SOLE_____PARTNERSHIP_____LLC_____CORP

CREDIT LIMIT REQUESTED:_____ YEARS IN BUSINESS:_____

DEA NUMBER ( IF APPLICABLE ) :_____DEA EXP. DATE:_____

MEDICAL LICENSE NUMBER ( IF APPLICABLE ):_____EXP. DATE:_____

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### APPLICABLE TO ALL ACCOUNTS WITH CROWN MEDICAL SERVICES

INVOICES ARE DUE 7 DAYS FROM THE DATE OF INVOICE UNLESS OTHERWISE STATED. A 5% PER MONTH SERVICE CHARGE WILL BE IMPOSED ON ALL PAST DUE INVOICES. CUSTOMER AGREES TO ABIDE BY STANDARD TERMS OF SALE PUBLISHED BY CROWN. CUSTOMER AGREES TO PAY FOR ALL PURCHASES, FEES AND OTHER CHARGES INCURRED BY CUSTOMER OR AN AUTHORIZED USER ON ANY ACCOUNT OF CUSTOMER, INCLUDING SERVICE CHARGES ON PAST DUE AMOUNTS. CROWN RESERVES THE RIGHT, IN ITS SOLE DISCRETION, TO CHANGE A PAYMENT TERM, LIMIT TOTAL CREDIT, SUSPEND THE SHIPMENT OF ANY ORDERS AND CLOSE AN ACCOUNT. EACH OF THE UNDERSIGNED BELOW REPRESENTS AND WARRANTS THAT CUSTOMER HAS READ AND UNDERSTANDS THIS FORM AND HAS REVIEWED THE INFORMATION PROVIDED IN ITS ENTIRELY, AND THAT ALL INFORMATION IS COMPLETE AND CORRECT AND AGREES THAT CROWN WILL BE RELYING ON THIS INFORMATION AND WILL NOTIFY CROWN OF ANY CHANGES TO SUCH INFORMATION. CUSTOMER AGREES TO PROVIDE CROWN WITH FINANCIAL STATEMENTS UPON REQUEST. THIS FORM IS SUBJECT TO CREDIT APPROVAL BY CROWN. CUSTOMER AUTHORIZES CROWN, ITS REPRESENTATIVES AND AGENTS TO INVESTIGATE INFORMATION PROVIDED. CUSTOMER AGREES TO PAY ALL REASONABLE ATTORNEY FEES AND EXPENSES OR COST INCURRED BY CROWN IN ENFORCING ITS RIGHT TO COLLECT AMOUNTS DUE FROM CUSTOMER.

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AUTHORIZED SIGNATURE: PRINT NAME: TITLE: DATE:

(THIS FORM MUST BE SIGNED BY A CORPORATE OFFICER, PARTNER, OWNER OR AUTHORIZED AGENT)