



Pharmacy Wholesale Services Inc.

334 Cornelia Street, Suite 286
Plattsburgh, NY 12901
www.pharmacywholesaleservices.com
Tel: 877-633-9595 Fax: 866-633-9558

Fax completed form to 866-633-9558

Credit Application

Please Print or Type

Company Name:	_____
<i>Legal or Corporate Name:</i>	_____
Website:	_____
Business Address:	_____
<i>(Physical Address)</i>	_____
City	_____ State _____ Zip Code _____
Mailing Address:	_____
<i>(If Different)</i>	_____
City	_____ State _____ Zip Code _____

Telephone Number: () _____ **Fax Number:** () _____

Business Principals:

Owner / President: _____
Telephone No. () _____ *(If different)*

Purchasing Contact: _____
Telephone No. () _____ *(If different)*

Accounts Payable: _____
Telephone No. () _____ *(If different)*
Email. _____

Number of Years in Business: _____

Trade References:

1) _____ <i>Company Name</i>	_____	_____
_____	_____	_____
<i>Contact</i>	<i>Credit Limit</i>	<i>Terms</i>
2) _____ <i>Company Name</i>	_____	_____
_____	_____	_____
<i>Contact</i>	<i>Credit Limit</i>	<i>Terms</i>
3) _____ <i>Company Name</i>	_____	_____
_____	_____	_____
<i>Contact</i>	<i>Credit Limit</i>	<i>Terms</i>

Banking References:

1) _____
Bank Telephone No.

Address

Contact Account No.

2) _____
Bank Telephone No.

Address

Contact Account No.

Credit Line Requested: _____	Terms: 7 Day <input type="checkbox"/>
Amount purchasing per year: _____	15 Day <input type="checkbox"/>
<i>Please check the appropriate box.</i>	
Are there currently any Suits, liens or legal judgements against this applicant or their business? (If yes, explain.)	

Please enclose a copy of a voided company cheque	

Signatory's Printed Name

Authorized signature Title Date

The undersigned applicant agrees that the information provided is accurate, and also authorizes Pharmacy Wholesale Services to verify the information provided within this application, as well as any information obtained through a credit inquiry.

*** Pharmacy Wholesale Services utilizes the services of Dunn & Bradstreet in the evaluation and determination of credit worthiness.**

For in-house use only: _____

Approved Disapproved

Authorized By _____

Fax completed form to: Toll Free 866-633-9558