



a division of Precision Direct, Inc.
200 Riverside Industrial Parkway
Portland, Maine 04103
P. 800.307.7717
F. 800.893.0177
E. billing@filerx.com

Office Use Only

Received On: _____
Decision On: _____
Status: _____
Mgr. Approval: _____

Application For Credit, Net-30 Day Terms

APPLICANT INFORMATION

PLEASE TYPE OR PRINT ALL INFORMATION:

APPLICANT D/B/A NAME: _____ Business Telephone: () _____ - _____

APPLICANT LEGAL NAME _____

SELECT FROM:

Proprietorship Date Established: _____ Date Your Ownership Began: _____

Proprietor Name: _____

Partnership General Partnership Limited Partnership Date Established: _____

Corporation Date of Incorporation: _____ State of Incorporation: _____ General Partner ___yes ___no

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNTS PAYABLE CONTACT _____ TELEPHONE: () _____ - _____ EXT _____

ACCOUNTS PAYABLE EMAIL ADDRESS _____ Practice Specialty: _____

Multiple Locations Yes / No

For multiple locations, please list all locations by:

Location Name _____ Shipping Address _____ Phone () _____ - _____

Location Name _____ Shipping Address _____ Phone () _____ - _____

Location Name _____ Shipping Address _____ Phone () _____ - _____

Location Name _____ Shipping Address _____ Phone () _____ - _____

Have you had an account with Precision Direct or FileRX.com previously? Yes ___ No ___

Name, address and telephone number of account, if yes: _____

REFERENCES

Bank Name _____ Contact _____ Phone () _____ - _____

Checking Acct. No. _____ Savings Acct. No. _____

Trade Reference 1: Company Name _____ Contact _____

Account No. _____ Phone () _____ - _____ Fax () _____ - _____

Trade Reference 2: Company Name _____ Contact _____

Account No. _____ Phone () _____ - _____ Fax () _____ - _____

**When Both Sides Of This Application Are Completed
Please Fax Back To FileRX.com At 800.893.0177.**



Your Prescription For Low Cost Filling Supplies

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PERSONAL GUARANTY AGREEMENT

For and in consideration of the extension of credit to _____
(Applicant legal name) Please type or print herein called "Debtor", the undersigned hereby personally guarantees the payment of all obligations to FileRX.com, incurred by the "Debtor" upon demand, including court costs, collection agency commissions and reasonable attorney's fee.

Please type or print personal name (signature) / /
Date

Street Address City, State, Zip Social Security #

Please type or print personal name (signature) / /
Date

Street Address City, State, Zip Social Security #

TERMS AND CONDITIONS

FileRX.com and any of its employees, officers, or agents, are authorized to obtain such information as any of them may require concerning Applicant's credit worthiness or the statements made on this form. Any person to whom this form is presented is authorized to disclose to FileRX.com and any of its employees, officers, or agents, any information requested, and Applicant hereby waives any claim against, and fully releases from any and all liability, such persons by reason of any disclosure. Applicant agrees to notify FileRX.com in writing of any development which may adversely affect his financial condition, promptly after the occurrence thereof. All statements appearing on this form are true and correct and are made for the purpose of obtaining credit from FileRX.com. Credit granted to Applicant may, at the option of FileRX.com be cancelled at any time upon notice to the Applicant. If credit is granted by FileRX.com to or for the benefit of the Applicant, the Applicant will pay when due all obligations of the undersigned to FileRX.com within the terms on net 30 days from date of order placement. The Applicant agrees to the incorporation herein of all terms and conditions of a credit account with FileRX.com. If purchaser is a corporation or a partnership, the person signing this agreement on behalf of such corporation or partnership hereby warrants that he has full authority from such corporation or partnership to sign this agreement and obligate the corporation or partnership hereunder and SAID PERSON and the corporation or partnership shall be jointly and severally liable for all products and services and any and all other amounts that may be due and owing to FileRX.com under the terms of this agreement including attorney's fees and costs. This form and all information secured pursuant to its authority shall be and remain the property of FileRX.com whether or not credit is granted hereunder.

Applicant Name Signature / /
Date