



BUSINESS TYPE: Acute Specialty Extended Pharmacy Internet Government
 Primary Care Home Health Long Term Closed Door Supplier Other _____

Legal Company Name _____ Website Address _____ Federal Tax ID _____
D/B/A Name _____ Designated Purchaser _____ Designated Purchaser Email _____
Legal Address (Main Office) _____ City _____ State _____ Zip _____
Contact Name _____ Title _____ Phone _____
Billing/Statement Address (if different from Main Office) _____ City _____ State _____ Zip _____
Accounts Payable Contact Person _____ Accounts Payable Telephone _____ Accounts Payable Fax _____ Accounts Payable Email _____

SHIPPING INFORMATION

DBA or Trade Name of Account _____ "SPYKA WHOLESALE" invoices will be sent to Billing Address unless indicated Ship-to _____
Ship or Trade Name of Account _____ City _____ State _____ Zip _____
Shipping Contact Person _____ Shipping Contact Telephone _____ Shipping Contact Fax _____ Shipping Contact Email _____
What is your monthly average generic rebate? (in \$) _____ What is your monthly average generic rebate? (in %) _____

DRUG LICENSE TYPE

Years in business _____ State Org/Charter ID/License # _____ Name of State _____ Has applicant, applicant's parent or affiliates ever filed for bankruptcy? No Yes, attach explanation
Ownership Type: Proprietorship Partnership Limited Partnership LLC (S) Corp (C) Corp Professional Corp Non-Profit Corp
Principal Owner(s) or Stockholder(s) _____ % of Ownership(s) _____
Name of Controlling Entity (if any) _____ Applicant's relationship to Controlling Entity _____ Phone _____
Address of Controlling Entity _____ City _____ State _____ Zip _____

REFERENCES

Primary Bank/Financial Institution _____ Account Number _____ Contact Name _____ Phone _____
Primary Bank/Financial Institution _____ Account Number _____ Contact Name _____ Phone _____
Primary Bank/Financial Institution _____ Account Number _____ Contact Name _____ Phone _____
Dun and Bradstreet Number _____

ADDITIONAL INFORMATION REQUIRED (If applicable, please attach these documents to this application)

Copy of Resale/Tax Exemption Certificate _____ Pharmacy State License # _____
 Copy of Wholesale Distributor _____ Wholesale Distributor _____
 Copy of Third-Party Logistics Provider License _____ Third-Party Logistics Provider License # _____
 Copy of State Pharmacy License, or Medical License _____

PAYMENT AUTHORIZATION

Name on the Credit Card

Credit Card Payment Type: VISA MC AMEX

Credit Card #

Exp. Date

CVV (Security Code)

I hereby request and authorize Spyka Wholesale Inc. to apply payments of all invoices to the credit card listed above. Card member agrees to perform to obligations set forth in the card member's agreement with issuer. All sales are final. Errors must be reported to Spyka Wholesale Inc. within 72 hours of receipt for exchange. Payments are applied on date of shipment

Card Holder's Signature

TERMS & CONDITIONS

The Customer agrees to abide by the Standard Terms of Sales as shown on SPYKA WHOLESale INC. invoices or by an agreement with SPYKA WHOLESale INC. governing Customer's Account, or any other terms of sales upon which SPYKA WHOLESale INC. and the Customer should agree in writing. The Customer agrees to pay for all purchases, fees and other charges incurred by Customer or an authorized user on any account of customer with SPYKA WHOLESale INC. including service charges on past due amounts at the highest rate permitted by law.

SPYKA WHOLESale INC. reserves the right, in its sole discretion, to change a payment term (including imposing the requirement of cash payment upon delivery) or limit total credit, if (i) SPYKA WHOLESale INC. concludes there has been a material change in the customer's financial condition or any unsatisfactory payment performance; or (ii) Customer ceases to meet SPYKA WHOLESale INC. credit requirements or SPYKA WHOLESale INC. determines that the Customer is likely to cease meeting such requirements. Upon the occurrence of any of the above-specified events, SPYKA WHOLESale INC. shall be entitled to suspend or discontinue the shipment of additional orders to Customer. The undersigned agrees to pay all reasonable attorney fees and expenses or cost incurred by SPYKA WHOLESale INC. in enforcing its rights to collect any amounts due from the Customer.

The Customer represents and warrants to SPYKA WHOLESale INC. that Customer has read and understands this form. Customer further represents and warrants that Customer has reviewed the information provided herein in its entirety, including any responses completed on Customer's behalf by an SPYKA WHOLESale INC. representative, and that all such information is complete and correct. Customer will advise SPYKA WHOLESale INC. of any material changes in the statements and information provided to SPYKA WHOLESale INC.

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer.

The information and statements in this application are true and complete, and are made for the purpose of inducing you to establish an account for me/us. You are hereby authorized to obtain from any source information necessary to verify the statement in this application, and a photocopy of this application shall serve to authorize such sources to disclose information to you.

Products may be exchanged or returned for a full refund within seven (7) days. Returns between eight (8) days and fifteen (15) days are subject to a 15% restocking fee. Returns after sixteen (16) days will incur a restocking fee of 30%. No returns are accepted after thirty (30) days. All returns must be authorized by SPYKA WHOLESale INC.

By signing below, the undersigned authorized SPYKA WHOLESale INC. to order a consumer report related to the business principal(s) to determine credit eligibility.

Authorized Signature

Print Name

Title

Date

Tax ID #

SSN

Authorized Signature

Print Name

Title

Date

Tax ID #

SSN



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