



APPLICATION FOR CREDIT

800 969-8007
631 585-1289 FAX
www.genetcoinc.com

711 Union Parkway
Ronkonkoma, NY 11779

Business Name:
Billing Address:
City: State: Zip:
Telephone: Fax:

SHIPPING DESTINATION(S) (if necessary, attach listing of additional authorized shipping destinations, include DEA#'s)
Street Address:
City: State: Zip:
Telephone: Fax:

DEA#: Expiration Date: DEA SCHEDULE: 2-2N-3-4-5

STATE PHARMACY LIC#: Expire Date:

STATE Controlled Substance License #: Expire Date:

GLN

CORPORATION PROPRIETORSHIP PARTNERSHIP # OF YEARS IN BUSINESS:

OF EMPLOYEES: TAX ID #:

Previous account with Genetco, Inc.? NO YES ACCOUNT #:

Bankruptcy filed by company during last seven years? NO YES

Table with 4 columns: Name of Officers, Title, Home Address, and a numbered row (1-3).

BOOKKEEPER NAME:

BANKING REFERENCES:

GENETCO, INC is authorized by the undersigned to receive banking information for the purpose of completing this application for credit.

Table with 5 columns: Bank, Contact, City/State, Account #, Phone.

GENETCO, INC. (to whom this application is made) or any credit bureau or investigative agency employed by them, is authorized to investigate the credit record of the undersigned. It is also agreed that payment will be made according to the published terms and conditions of sale, and finance charges of 1-1/2% per month assessed on past due balances. Should it become necessary to forward your account to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees will be the responsibility of the applicant.

SIGNATURE: TITLE: DATE:

This application must be signed by an officer of the company.