



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:** _____

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

	Name of Officers	Title	Home Address
1			
2			
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.

Bank		City/State		Phone	
Contact		Account #			
Bank		City/State			
Contact		Account #			

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.