

CUSTOMER APPLICATION

(Please print in block letters)

CD01-M V.09-07

Type of Business: Acute Primary Care Specialty Home Health Extended Long Term Pharmacy Closed Door Internet Mail Order Supplier Government Other _____

Legal Company Name _____ Website Address _____ Federal Tax ID _____

Legal Address (Main Office) _____ City _____ State _____ Zip _____

Contact Name we may call for questions regarding this application _____ Title _____ Phone _____

Billing / Statement Address (if different than Main Office) _____ City _____ State _____ Zip _____

Accounts Payable Contact Person _____ Accounts Payable Telephone _____ Accounts Payable Fax _____ Accounts Payable Email _____

Shipping Information: If more than 1 Ship-to, please attach multiple Ship-to's Information

_____ \$ _____ \$ _____
DBA or Business Trade Name of Account _____ **Estimated Monthly Purchases** _____ **Initial Order** _____ Number of Employees _____

Ship to Address _____ City _____ State _____ Zip _____

Ship to Contact Person _____ Ship to Telephone _____ Ship to Fax _____ Ship to Email _____

_____ Has applicant, applicant's parent or affiliates ever filed for bankruptcy? No Yes, attach explanation

Years in Business _____ **State Org/Charter ID/License#** _____ **Name of State** _____

Ownership Type: Proprietorship Partnership Limited Partnership LLC (S) Corp (C) Corp Professional Corp Non-Profit Corp

Principal Owner(s) or Stockholder(s) _____ **% Ownership(s)** _____ **Social Security Number(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 Supply Provider _____ Account Number _____ Contact Name _____ Phone _____

Primary Technology Provider _____ Account Number _____ Contact Name _____ Phone _____

Additional Information Required (If applicable, please attach these documents to this application):

- Copy of Resale/Tax Exemption Certificate
- Copy of DEA Registration, State Pharmacy License, or Medical License _____ DEA# _____ HIN# _____ Medical License# & Name of State _____
- Copies of 3 most recent and consecutive primary supplier statements
- Annual Financial Statements for the past 2 years (including balance sheet, income statement, and cash flow statements)

This section applies to all "MCKESSON MEDICAL-SURGICAL INC., McKesson Medical-Surgical Minnesota Supply Inc., and Moore Medical LLC" accounts only
Invoices are due 30 days from the date of invoice unless otherwise stated. Actual payment terms extended may differ depending on credit approval and are due as printed on the invoice. Please refer to the most recent invoice and statement for actual payment terms. A 1.5% per month service charge (or the maximum amount permissible under applicable law, if lower) will be imposed on all past due balances.

This section applies to all accounts with MCKESSON CORPORATION or an affiliated company

Customer agrees to abide by Standard Terms of Sale published by McKesson, as shown on McKesson's invoices or statements, or by any written agreement or terms of sale with McKesson governing Customer's account. Customer agrees to pay for all purchases, fees and other charges incurred by Customer or an authorized user on any account of Customer, including service charges on past due amounts at the highest rate permitted by law (including purchases shipped and/or billed to a third-party agent on behalf of Customer). Without limiting McKesson's other legal rights, McKesson may exercise a right of set-off against amounts due Customer from McKesson Corporation or any of its affiliates. McKesson reserves the right, in its sole discretion, to change a payment term (including imposing cash payment upon delivery), limit total credit, suspend or discontinue the shipment of any orders to Customer if McKesson concludes that (i) there has been a material change in the Customer's financial condition or payment performance or (ii) Customer has ceased or is likely to cease to meet McKesson's credit requirements.

Customer represents that it is entitled to discounted prices from manufacturers as it has notified McKesson ("Contract Prices"). In consideration of McKesson allowing Customer to purchase products at Contract Prices, Customer represents that McKesson will be paid by the appropriate manufacturer the difference between McKesson's cost and the Contract Price ("Chargeback") and Customer will be liable to McKesson for any unpaid Chargeback if any manufacturer (i) denies a Chargeback for any reason, (ii) makes an assignment for the benefit of creditors, files a petition in bankruptcy, is adjudicated insolvent or bankrupt, or if a receiver or trustee is appointed with respect to a substantial part of its property or a proceeding is begun which will substantially impair its ability to pay Chargebacks or (iii) fails to pay McKesson Chargebacks for any reason other than McKesson's gross negligence.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating due to race, color, religion, national origin, sex, marital status, age; or because all or part of the Customer's income is from any public assistance program; or the Customer exercises any right under the Consumer Credit Protection Act. The Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers compliance with this law.

Customer represents and warrants that Customer has read and understands this form and has reviewed the information provided in its entirety, including responses completed for Customer by a McKesson representative, and that all information is complete and correct, and agrees that McKesson will be relying on this information and will notify McKesson of any material changes to such information. Customer agrees to provide McKesson with financial statements upon request. This form is subject to credit approval by McKesson. Customer authorizes McKesson, its employees, representatives, and agents (i) to investigate information provided, and Customer's credit, financial and banking records, (ii) to obtain Customer's credit bureau report and (iii) to share with its affiliates experiential and transactional information regarding Customer and Customer's Account. McKesson is authorized to retain information obtained as part of the application process whether or not the requested account and/or credit is granted. Customer agrees to pay all reasonable attorney fees and expenses or cost incurred by McKesson in enforcing its rights to collect amounts due from Customer.

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

Authorized Signature _____ Print Name _____ Title _____ Date _____
(This form must be signed by a Corporate Officer, Partner, Owner or Authorized Agent)