R&S PHARMACEUTICAL WHOLESALER

Customer Application/Credit Application

BUSINESS INFORMATION

Entity Name:		Date Business Established:
Entity Type: ☐ Hospital - # of beds: ☐ Clinic ☐ Surgery Center ☐ Urgent Care ☐ LTC ☐ Other:		
Type of Business: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC		
Bill to address:		
City:	State:	Zip Code:
Ship to address:		
City:	State:	Zip Code:

Purchasing Agent:	Telephone:	E-mail:
Accounts Payable Contact:	Telephone:	E-mail:
Account Contact to receive Invoices: *invoices will be sent from noreply@RSNortheast.com please add it to your address book*	Email:	D&B #:
Corporation Name:		

Corporate Officer:	Job Title:
Corporate Officer:	Job Title:
Partner's Name:	Partner's Name:
Sole Proprietor Owner's Name:	

Primary GPO:	PHS eligible: ☐ Yes ☐ No	If yes, provide OPA 340B/HRSA ID#:
Apexus eligible: ☐ Yes ☐ No	DSCSA Documentation E-mail:	

DEA#:	Tax ID/ FEIN#:	State License #:	HIN#:
Include: ☐ Tax Exempt Form ☐ State License	Purchasing controlled substances from R&S: ☐ Yes ☐ No *If yes include a copy of your DEA License & request a DEA Questionnaire at customerservice@rsnortheast.com		

R&S PHARMACEUTICAL WHOLESALER

CUSTOMER APPLICATION/CREDIT APPLICATION

ENTITY NAME:		
BUSINESS AND CREDIT INFORMATION *(request Customer Statement from supplier to assist in establishing credit limit)*		
Primary Supplier:	Telephone:	
Secondary Supplier:	Telephone:	
Trade Reference:	Telephone:	E-mail:
Credit Amount Requested*: $	* *If requesting $100,000, include most recent audited statement or most recent Tax Returns*	**Estimated Annual Dollar Volume:** $
Bank Name:	Bank Officer:	
Bank Address:	Telephone:	
City:	State:	ZIP Code:
Preferred Payment Method: ☐ ACH ☐ Check ☐ Wire	Type of account: ☐ Checking ☐ Savings Account Number Routing Number	

Agreement – Your signature(s) certifies the above information is true and correct and reflects that you are authorized to bind your company. By submitting this application, you authorize R&S Northeast LLC to make inquiries into the banking and business/trade references that you have supplied. Your signatures below acknowledge you have received a copy and agree to comply with:

☐ License Agreement – effective 5/31/2016	☐ Return Goods Policy – effective 4/15/2019	
☐ General Sales Policy – effective 6/14/2021		
Signature:	Title:	Date:
Signature:	Title:	Date:

RETURN COMPLETED APPLICATION TO CUSTOMERSERVICE@RSNORTHEAST.COM

R&S PHARMACEUTICAL WHOLESALER

Customer Application/Credit Application

SHIP TO SITES		
Entity Name :		
Ship to Street Address:		
City:	State:	Zip Code:
Contact Name:	Telephone:	E-mail:
Entity Name :		
Ship to Street Address:		
City:	State:	Zip Code:
Contact Name:	Telephone:	E-mail:
Entity Name :		
Ship to Street Address:		
City:	State:	Zip Code:
Contact Name:	Telephone:	E-mail:
Entity Name :		
Ship to Street Address:		
City:	State:	Zip Code:
Contact Name:	Telephone:	E-mail:
Entity Name :		
Ship to Street Address:		
City:	State:	Zip Code:
Contact Name:	Telephone:	E-mail:
Entity Name :		
Ship to Street Address:		
City:	State:	Zip Code:
Contact Name:	Telephone:	E-mail:

R&S PHARMACEUTICAL WHOLESALER

LICENSE ASSIGNMENT

Effective 5/31/16

In addition to other requirements, R&S Northeast LLC (the "company") requires that a valid license, issued by the state in which the facility is domiciled, be on file before prescription drugs can be distributed to the facility(s) by the company. If the facility itself is state licensed, the address of the facility & the license must match exactly. In the event a state licensed healthcare provider is the responsible person for a facility or facilities, rather than the facility itself, the form below must be completed and returned to the company. The purpose of this form is to document that the facility(s) is operating within its domiciled state under the licensed supervision of the healthcare provider listed below and in accordance with applicable state law.

Locations Purchasing Requirements ☐ Over the Counter ☐ Legend Drugs ☐ Controlled Substances

License Holder:	**Address License is issued to:**		
Name of Entity/ Person on License:	Name of Entity:		
License Type:	Street Address 1:		
License Number:	Street Address 2:		
Expiration Date:	City:	State:	Zip Code:

**Attach a copy of this license with this letter and return it to your R&S Northeast LLC Customer Service Representative.*

List below the other organizations covered by the License listed above.

Name of Entity:			Name of Entity:		
Street Address 1:			Street Address 1:		
Street Address 2:			Street Address 2:		
City:	State:	ZIP Code:	City:	State:	Zip Code:
License Holder Signature:	Date:		Facility Administrator Signature:		Date:

State License Types Accepted:

- Clinical Pharmacy License (must match physical address of site)
- Physician or Dentist
- Nurse Practitioner
- Pharmacist

Other:

R&S PHARMACEUTICAL WHOLESALER

GENERAL SALES POLICY

Effective 6/14/21

TERMS AND CONDITIONS

Purchase agreements shall be construed in accordance with the laws of the Commonwealth of Kentucky. R&S Northeast LLC (the "company") and the Customer agree that any and all claims arising under purchase agreements shall be subject to the jurisdiction of the courts of the Commonwealth of Kentucky. A properly executed credit application is required before sales on credit are provided.

Payment for sales and services is to be made from the date of the invoice and within the terms agreed to and as stated on the invoice. Unless otherwise approved by the Company, full payment is due 30 Days after invoice date. Statements are mailed as a courtesy during the first week of each month. Failure to pay invoices for merchandise and finance charges, if any, in full and within agreed terms will result in curtailment of shipments and may result in revocation of credit terms or termination of the business relationship with the Customer.

Failure to pay invoices by due date will result in the assessment of a finance charge of 1.5% per 30-day billing cycle on the outstanding balance. In the event the Company incurs collection costs or institutes suit to collect amounts past due under this agreement or any portion thereof, Customer promises to pay such additional collection costs, charges, and expenses including reasonable attorney's fees.

Customer agrees not to make any deduction from payment unless credit memorandum has been issued to the Customer. Credits are void 12 months after the date of issue and are valid only against future purchases and may not be redeemed for cash.

Payment must be made in U.S. currency only and may be in the form of check, money order, wire transfer, or credit card. Cash is not accepted. Payments in the form of checks or money order must be addressed and forwarded to the Company's lockbox at Dixon Shane LLC d/b/a R&S Northeast LLC, P.O. Box 935485, Atlanta, GA 31193-5485. Payments must be received in the lockbox on or before the due date in order to avoid disruptions in shipments and additional finance charges.

The purchase of prescription drugs requires proof of appropriate license(s). Product will not be shipped without proper documentation. R&S Northeast reserves the right to limit purchase quantities. Reports of suspicious order quantities of controlled substances will be reported to the DEA by the Company in accordance with the law.

For sales into states where the Company is not required to collect sales tax, the Customer agrees to report, collect and remit all applicable sales and use taxes to the appropriate taxing authority. If required, the Customer is responsible for providing the Company with documentation of proof of sales tax-exempt status.

Every attempt will be made to inform the Customer of policy changes. However, the Company reserves the right to amend prices and terms and conditions of sale without notification.

CREDIT

Credit may be extended to new customers upon completion of a properly executed R&S Northeast LLC credit application. The Customer will go on credit hold 46 days after the date of any unpaid invoice. The Customer may also go on credit hold for exceeding their credit limit, a history of slow payment, for a license discrepancy, for violations of Federal or State Law, or reasons not listed here.

R&S PHARMACEUTICAL WHOLESALER

GENERAL SALES POLICY
(continued)
Effective 6/14/21

PRICING
Customer orders and credits whether based on submitted quotations or not, are subject to acceptance and approval by The Company.

DAMAGED SHIPMENTS AND DISCREPANCIES
If damage is visible at the time of delivery, a notation of damages should be made on the carrier's delivery or freight bill or order can be refused. Notification of delivery problems, shipping errors, discrepancies and other claims against sales must be made to the Company within 48 hours of receipt of shipment to ensure consideration for credit, processing of replacement order and to file a freight claim with the carrier.

To avoid processing fees, return of product for damages and discrepancies must be received by the Company within 30 Days of the invoice date. Return policy is outlined in the company Return Goods Policy.

DELAY IN TRANSIT
The Company is not responsible for delays in transit due to weather conditions, carrier strikes and other acts of nature which may impede shipment of product. If an expected delivery has not been received within 10 business days after product was expected to be received, call customer service for status of the order.

SHIPPING
Terms are F.O.B. R&S Northeast LLC Philadelphia, PA 19116. A charge of $14.95 per order will be charged on orders under $1,000.00. Large orders and special handling requests are billed at additional cost.

Refrigerated shipments will be charged based on weight including required packaging, dimension of package, and destination.

The Company uses UPS and FedEx as prime carriers. Requests for next day, second day, third day, and Saturday delivery are available at an additional cost. To guarantee next day or second day delivery, orders must be placed before 3:00 p.m. Eastern Standard Time (EST).

FORCE MAJURE
R&S Northeast LLC shall not be liable for failure to supply products or to perform on any contract due to strike, acts of nature, acts of Government, and interruptions in transportation, inability to obtain supplies of raw materials, product recalls or other causes beyond the Company's control.

R&S PHARMACEUTICAL WHOLESALER

RETURN GOODS POLICY

Effective 4/15/19

AUTHORIZATION

R&S Northeast LLC (the Company) requires that the ***Return Goods Policy*** be signed by an authorized representative of customer and be on file as a precondition to return product. Authorization is required prior to each return shipment of merchandise. All products returned without proper authorization will be destroyed by the Company at the customer's expense.

TERMS OF RETURN POLICY

The Company will accept returned merchandise in accordance with the guidelines required by the Prescription Drug Marketing Act (PDMA) of 1987, as amended and only from the Company's direct customers in good credit standing.

Products returned are subject to final review and acceptance by the Company and will be processed in accordance with the return policy in effect when the product is received. Products received become the property of the Company who reserves the right to dispose of the merchandise and declare no credit value. Product received by the Company outside of policy guidelines will not be returned to customers and credit will not be issued. The Company is not responsible for return shipments lost or damaged in transit.

The Company reserves the right to determine whether items qualify for return, credit or refund; and the right to modify this policy without advance notice. The Company will not honor any Processing/Handling, Documentation, Administrative or Destruction Fee's assessed for the return, handling, processing or incineration of product.

RETURNABLE ITEMS

- Product purchased directly from the Company
- Product shipped as a result of the Company's shipping error if reported within 10 days of receipt
- Product must be received by the Company within 30 days of the RMA being issued
- Product that is unopened, undamaged, with intact labels and in original manufacturer's original packaging and condition
- Product may be returned prior to expiration
  * Expired products may be returned at the sole discretion of the Company

NON-RETURNABLE ITEMS

- Refrigerated products
- Product that has been opened, damaged, defaced, written on, without intact labels and not in manufacturer's original packaging & condition
- Products purchased or otherwise obtained in violation of any Federal, State or Local law or regulation
- Product discontinued by the Company for more than 1 year
- Product not received by the Company within 30 days of the Return Material Authorization form being issued
- Third party returns
- Repackaged and/or private label product
- Product sold as non-returnable

R&S PHARMACEUTICAL WHOLESALER

RETURN GOODS POLICY
(continued)
Effective 4/15/19

CREDIT

Credits are calculated based on the customer's cost of acquisition less a 25% processing fee. Credits will be allowed for future purchases only and are valid for twelve months from date of issue. Expired merchandise will receive credit based on individual manufacturer's credit policies, but the product must be received by the Company in sufficient time to comply with the return policies of the manufacturer. Credit will not be issued for products destroyed by customers or third parties.

TRANSPORATION CHARGES

Transportation charges for returns are the responsibility of the customer.

CUSTOMER PROCEDURE

1. Customer must contact the Company's Customer Service Representative and request a Return Material Authorization form.
2. Complete the Return Material Authorization and return it to the Company as directed.
3. Upon receiving authorization and directions from the Company, return the product to: R&S Northeast LLC, 10049 Sandmeyer Lane, PA 19116.

The Customer will attest that proper quality control measures were followed during the storage, handling, and shipping of the merchandise being returned.

I have read, understand, and agree to adhere to the above policy regarding returned merchandise. Your signature reflects that you are authorized to bind your company.

Company Name:	Date:
Street Address:	City, State & Zip Code:
Contact Name:	Contact Signature: