



44000 Winchester Road  
Temecula, CA 92590  
(800) 843-7477

## FFF Enterprises, Inc. New Account and Credit Application Form

Please read all information carefully

### 1. Account Information

Legal Business Name \_\_\_\_\_ DBA Name \_\_\_\_\_

#### Delivery Address\*

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attention \_\_\_\_\_ County \_\_\_\_\_  Incorporated  Unincorporated

Main Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Send **Order Confirmation** emails? Yes  No  Send **Shipment Notification** emails? Yes  No

\*If you require multiple delivery addresses, please attach a separate sheet with shipping address and acceptable licensing for each facility.

**GPO** Is your business part of a GPO (Group Purchasing Organization)? Yes  No

If Yes, which affiliation(s)? \_\_\_\_\_ GPO Member Identification Number \_\_\_\_\_

**Acceptable Licensing** Federal and state laws require FFF to verify licensing to purchase prescriptions or products labeled "Rx Only." License

Type: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you plan to purchase controlled substances? Yes\*  No

\*If Yes, please provide a copy of your DEA and if applicable, state specific controlled substance licensing. Upon completion of the account setup, a SOM Customer Questionnaire will be sent to you.

### Classification/Identification

Facility Type\* \_\_\_\_\_ Class of Trade \_\_\_\_\_

\*Physicians - Requires guarantee to be completed

To assist with manufacturer facility identification, please provide a: DEA license \_\_\_\_\_ or HIN number \_\_\_\_\_

### 2. Financial Information

**Invoice Address**  Same as the Delivery address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Statement Address**  Same as the Invoice address  Same as the Delivery address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

A/P Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

#### Invoicing Preference

Print  Email  Both Email address\*: \_\_\_\_\_

\*If you require multiple email addresses, please attach a separate sheet with the email address for each shipping address.

**Estimated Monthly Purchase** (please check the appropriate box)

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> \$0 - \$5,000      | <input type="checkbox"/> \$20,001 - \$50,000  | <input type="checkbox"/> \$100,001 - \$250,000 | <input type="checkbox"/> \$500,001 - \$1,000,000   | <input type="checkbox"/> \$2,000,001 - \$5,000,000 |
| <input type="checkbox"/> \$5,001 - \$20,000 | <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$250,001 - \$500,000 | <input type="checkbox"/> \$1,000,001 - \$2,000,000 | <input type="checkbox"/> \$5,000,001 +             |

### Additional Information

Tax Payer Identification \_\_\_\_\_

Are there any suits, liens or judgments over \$50,000 filed against applicant? Yes  No

Have you ever filed for bankruptcy? Yes\*  No  \*If Yes, attach explanation.

Have you ever purchased from FFF Enterprises, Inc. before? Yes  No

### 3. Consignment

Will you be purchasing Ophthalmology products? Yes  No

Are you requesting a MinibarRx cabinet? Yes  No

Are you requesting a VIPc cabinet? Yes  No

If yes was checked for any of the questions above, please provide:

Full Legal Company Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please sign the Terms and Conditions on page 2

# FFF Enterprises New Account and Customer Credit Application

Please read all information carefully

## Terms and Conditions (Not Applicable to government entities)

**Terms:** This application is submitted to FFF Enterprises Inc. for the purpose of obtaining credit. The undersigned represents and warrants that all information contained herein is current, correct and complete, and that FFF may rely on such information in deciding to extend or discontinue credit. The undersigned agrees to notify FFF immediately, in writing, of any change in the foregoing information including, without limitation, any change in the nature of the business, ownership, licensure, registration name, location of the business, or financial condition.

**Payment:** Customers wishing to establish a credit account with FFF must complete and sign this application form. Terms of payment for all orders are Net 30 days from the date of invoice, unless otherwise agreed to in writing by the customer and FFF. Prices billed are the prices in effect at the time the customer's order is accepted by FFF. Prices are subject to change without notice. The customer hereby guarantees payment of all debts, accounts and invoices. The customer agrees to pay all debts, accounts and invoices owing to FFF in full accordance with the agreed upon terms of the sale. In the event such debts, accounts or invoices owing are not paid when due, they will accrue late charges at the rate of 1.5% per month or the maximum rate allowed by law, whichever is the lesser rate. The customer hereby agrees to pay all fees and collection costs including attorneys' fees, in the event this account is placed for collection, and waives the privilege of being sued in the customer's county of residence. Earned discounts must be taken at the time of original invoice payment.

**Credits and Returns:** Credit for returned merchandise will be issued only for items that are authorized for return by FFF, in compliance with FFF's Return Goods Policy. All credits will be reflected in the customer's account to apply toward future purchases. The customer must report any order discrepancies within 48 hours of receipt of product. FFF is not obligated to issue credit on discrepancies not reported within 48 hours.

**Orders and Shipping:** All orders are shipped FOB Destination, except for expedited service. FFF will only ship to the address shown on a valid State-issued license, Registration Permit and/or license as applicable or as otherwise permitted by law, rule or regulation.

**Sales Tax Information:** If applicable, the customer will be charged state sales tax until such time as a valid state resale card is filed in our administrative office. There will be no retroactive credits granted for purchases made prior to the receipt. The resale card must contain a description of exempted materials for which resale is allowed in the course of business.

**Own Use:** Customer represents, warrants and agrees that Customer is purchasing products from FFF for its own use and use by its affiliated healthcare providers in delivering services to patients and not for resale. Customer acknowledges that FFF is relying on this representation in making its decision to sell products to Customer.

### FFF ENTERPRISES CHANNEL INTEGRITY PLEDGE

Because FFF's Responsible Distribution Channel provides a secure chain of custody that ensures biopharmaceutical products move only from the manufacturer through a single, ethical distributor to the customer, with no gray area in between;

Because FFF's Responsible Distribution Channel protects the efficacy, integrity and safety of biopharmaceuticals and the health and well-being of patients;

And, because FFF's Responsible Distribution Channel promotes product availability, safety and cost containment;

We therefore pledge to honor FFF's Responsible Distribution Channel, the product safety it ensures, and the primary benefit that Channel Integrity provides: **improved patient safety.**

I hereby warrant and represent that FFF has the authority to bind the Customer to the terms and conditions stated above. Furthermore, the Customer agrees to comply with all conditions stated above and to authorize the release of credit information to FFF Enterprises.



\_\_\_\_\_  
Authorized purchasing agent signature (for legal account name)

\_\_\_\_\_  
Print name and title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal account name of facility

**Please sign, then send the application and supporting documents to:**

**E-mail: [salesopspecialty@fffenterprises.com](mailto:salesopspecialty@fffenterprises.com)**

**Or**

**Fax: (951) 240-4504**