47 Mall Dr, Unit 1& 2,
Commack, NY-11725
sales@akrongenerics.com
Phone: 631-215-3009
Fax: 631-215-3099
www.akrongenerics.com

CREDIT APPLICATION

Business Name:		
Address:		
City:	**State:**	**Zip:**
Phone:	**Fax:**	**Email:**

Ship to Address

Address:		
City:	**State:**	**Zip:**
No. of employees:	**Year Business Started:**	

Contact Information

Main Contact Name:	**Phone Number:**
Email:	

Bank Reference

Bank Name:	**Account#:**		
Address:	**City:**	**State:**	**Zip:**
Contact Name:	**Phone Number:**		

Trade References

Company Name:	**Phone:**	
	Fax:	
Address:	**Email:**	
City:	**State:**	**Zip:**
Company Name:	**Phone:**	
	Fax:	
Address:	**Email:**	
City:	**State:**	**Zip:**

By submitting this application, you authorize [Akron Generics] to make inquiries into the banking and business/trade references that you have supplied.

Name_____ Title _____

Signature_____ Date_____

47 Mall Dr, Unit 1& 2,
Commack, NY-11725
sales@akrongenerics.com
Phone: 631-215-3009
Fax: 631-215-3099
www.akrongenerics.com

Terms and Conditions

Payments and Credits:

Terms are NET 30 DAYS unless different terms are otherwise required by Seller. Any unpaid balance shall accrue a monthly interest charge following its payment due date at the annual rate of 10%. In the event that an attorney is employed by the Seller to collect all or any portion of the unpaid balance, Customer agrees to pay Seller's reasonable attorneys' fees and costs of collection, whether or not a suit is commenced. Payments by check should be made payable to **Akron Generics**
Orders must be **pre-paid** if paying by credit card. We accept **MasterCard, Amex, Discover** and **Visa** at the time of shipping.

Shipping:

We offer Next Day shipping on all orders over $1000.
Any damage or shortage of product received **must be notified to us within 2 business day of Delivery.** It is recommended that customers insure all return goods shipments. Akron Generics is not responsible for shipments lost in transit. It is the customer's responsibility to ship product in accordance with local, state and federal regulations**.**

Returns:

Full credit will be given for shipping errors and products damaged in transit, provided the error or damage is reported to us within 24 hours of receipt of the product. All returns must be authorized in advance by contacting customer service and obtaining an authorization. We reserve the right to charge **a 20% restocking fee.** Credit issuance is dependent on confirmed receipt/review of returned goods. Returns received with outdated/invalid authorizations will be handled as unauthorized returns and destroyed without credit.

Guarantee:

The undersigned personally guarantees the prompt and full performance of all obligations due and owing by Applicant to Akron Generics, under this and/or any other agreement with Akron Generics. In the event of default, Akron Generics and/or any holder hereof is authorized to proceed against the undersigned guarantor, without first having to proceed against Applicant, for the full amount due, including late payment charges and interest. The undersigned further agrees to reimburse Akron Generics all costs of collection including reasonable attorneys' fees. The undersigned waives presentment, demand, protest, notice of protest, notice of dishonor and all other notices or demands of whatever character to which the undersigned might otherwise be entitled. The undersigned further consent to any extension granted by Akron Generics and waives notice thereof. If more than one guarantor, the obligation of each shall be joint and several. Termination of this guarantee must be in writing, signed by Akron Generics and undersigned, and in such event, shall only apply as to future obligations.

If you have any questions, please contact us our Customer Support at 1-631-215-3009.

I hereby acknowledge and accept the Terms and Conditions described above and that your Conditions of Sale will apply exclusively to all dealings between our companies.

Duly authorized for and on behalf of_____Date: _____

Print Name_____ Signature_____

LETTER OF RESPONSIBILITY

Akron Generics

Attn: Accounts Receivables Department

47 Mall Drive, Unit 1 & 2,
Commack, NY, 11725.

To whom it may concern,

Please note that _____ (BUSINESS NAME)
will be financially responsible for payment on all purchases made by the authorized buyer(s) and/or physician(s) listed below.

TAX I.D NUMBER _____

Pharmacy Name _____

AUTHORIZED PURCHASER(S) PLEASE PRINT

Name_____ Title _____

Phone # (_____) _____ Fax # (_____) _____

Email _____

Name_____ Title _____

Phone # (_____) _____ Fax # (_____) _____

Email _____

SHIPPING ADDRESS

Address _____

Suite/Building _____

City _____ State _____ Zip Code _____

Phone # (_____) _____ Secondary # (_____) _____

Fax # (_____) _____ Email _____

Sincerely,

Name_____ Title _____

PLEASE PRINT

Authorized Signature_____ Date _____

Once completed and signed, please fax form to your Akron Generics sales representative at (631)-215-3099

Sales Representative Name _____

Any recipient of this fax may request that Akron Generics, LLC. not send any future advertisements to this or other specified telephone facsimile machines. To make such a request, please call (631) 215-3009, fax the request to (631)-215-3099 or e-mail your request to info@akrongenerics.com • Your request must identify the telephone number of each facsimile machine to which the request relates • Once you opt out you will stop receiving any and all fax advertising materials to the facsimile number(s) you have registered • Your request will no longer be valid if, after your request is made, you provide express invitation or consent to Akron Generics, LLC. to send advertisements to you at the identified facsimile numbers. • Any failure to honor your request within 30 days is unlawful.

47 Mall Dr, Unit 1& 2,
Commack, NY-11725
sales@akrongenerics.com
Phone: 631-215-3009
Fax: 631-215-3099
www.akrongenerics.com

ACH Payment Authorization Form

Customer Name:	**Customer Account #:**

ACH payments can be processed as one-time **payments** or set up on a recurring billing **schedule.** Schedule your payment to be automatically deducted from your checking or savings account. To get started, just complete and sign this form.

Why ACH Payments?
Will Make Your Life Easier
It's convenient (saving you time and postage)
Always be on time with your payment, eliminating late charges. You don't have to worry about being out of town)

Here's How ACH Payments Work:
You authorize monthly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 7 days prior to the payment being collected.

Please complete the information below:

I_____authorize Akron Generics to charge my bank Account indicated below on the 10th day of month or according to the agreed upon payment terms.

Billing Address:	Phone: Email:

Account Type: ☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE_____ DATE _____

47 Mall Dr, Unit 1& 2,
Commack, NY-11725
sales@akrongenerics.com
Phone: 631-215-3009
Fax: 631-215-3099
www.akrongenerics.com

Credit Card Authorization Form

Invoice Number/s:	**Payment: $**
Name That Appears on the Card:	
Credit Card Type (Check one): □ Amex □ Discover □ MasterCard □ Visa	
Credit Card Number:	**Expiration___/_____ /_____** **CVV_____**
Credit Card Billing Address:	**City:** **State:** **Zip:**

Contact Information:

Name:	**Title:**
Email:	**Phone:**

I hereby authorize Akron Generics on the account above to charge the credit card listed above, for the amount of each order. The amount of each charge will be reflected on the invoice received from Akron Generics, unless a dispute with respect to such invoice is advised to Akron Generics, in writing within 3 business days of the receipt of the product(s) from Akron Generics. This authorization shall continue until the listed credit card (or replacement thereof) expires or until you receive my written notification that this authorization has been cancelled.

Owner or Authorized Officer Signature **Date:**

X_____ _____