



Shipping Information			Billing Information		
1. Practice Name			2. Company Name		
Practitioner Name			A.P. Manager (Contact person for Billing)		
Purchasing Contact (Person who will be placing orders)			Street Address (Address for Billing)		
Street Address (We are not allowed to ship to P.O. Boxes)			City, State, Zip Code		
City, State, Zip Code			Telephone		
Office Manager			Fax Number		
Telephone			For Credit Card Payment Select Type:		
			VISA	AMEX	MASTERCARD
Fax			Credit Card Account Number		
Email			Credit Card CVV/CVC	Exp. Date (mo./yr.)	
DEA License Number Controls	Exp. Date	Check for No	I hereby request and authorize DS3 Rx LLC., to apply payments of all invoices to the credit card listed above. Card member agrees to perform the obligations set forth in the Card members agreement with the issuer. All Sales are final. Errors must be reported to DS3 within 72 hours of receipt for exchange. Payments are applied on date of shipment. Cardholder's Signature: _____		
State License Number	Exp. Date				
DUNS:	Tax ID:				

3. Terms - Please Read, Sign, and Date the Following Statement	
<p>In consideration of and in order to induce you to establish an account based on the foregoing application, the undersigned promises to pay for monthly purchases in accordance with your terms of sales. If at any time, for any reason, the undersigned is unable to pay for monthly purchases when due, the undersigned agrees to pay and authorizes you to bill my/our account, interest computed at the legal rate against any past due amount owing on my/our account. In the event it becomes necessary for your company to incur collection costs or institute suit to collect any amount due under this agreement, or any portion thereof, the undersigned promises to pay such additional collection costs, charges and expenses, including reasonable attorney's fees if the account is placed in the hands of an attorney for collection.</p>	
Signature	Date
Print Name	Title
Licensing	
<p>In order to complete the setup of your account, this form must be signed and faxed back to DS3, accompanied by your facility's DEA License and Pharmacy License. Please Note: The DEA License must reflect the shipping address of the medical facility.</p>	