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[www.republicpharma.com](http://www.republicpharma.com)

## CUSTOMER SETUP FORM

### BUSINESS INFORMATION

**Sales Rep:** \_\_\_\_\_

Legal Name:			
Trade Name (DBA):			
NPI Number:			
D-U-N-S #			
Credit Limit Required:			
DEA License Number:		State License Number:	
DEA License Expiration:		State License Expiration:	
Billing Address:		Shipping Address:	

### CONTACT INFORMATION

Owner's Name:		Phone Number:	
P.I.C.		ALT: Phone Number	
Buyer's Name:		Fax Number:	
Buyer's Email Address:		Website Address If Applicable:	
Accounts Payable Contact Person:		Accounts Payable Phone Number:	
Accounts Payable Email:		Accounts Payable Fax:	

### INDUSTRY REFERENCES (Check N/A for Credit Card P.O.S. )      N/A

Primary Wholesaler:		Account Number:	
Secondary Supplier:		Account Number:	
Secondary Supplier:		Account Number:	

Applicant certifies that the information contained herein is true and correct, and further authorizes Republic Pharmaceutical to make any inquiries necessary for verification purposes of the information provided. The Applicant agrees that all credit and sales made shall be subject to the following terms and conditions: (1) Applicant shall pay the full amount of the invoices(s) when due, which is defined to be thirty (30) days from the invoice date unless otherwise agreed to in writing by Republic Pharmaceutical; (2) if payment in full is not received by the due date, in addition to the invoice amount, Applicant may be subject to late fees up to the maximum allowed by law on all unpaid balances, plus costs of collection, including, but not limited to, attorney's fees, court costs, and collection fees that Republic Pharmaceutical may incur in recovering the amount that is owed; (3) Applicant agrees that venue and jurisdiction for any such court action shall be held in Washtenaw County, MI the principal place of business of Republic Pharmaceutical..

I further Certify that I am an officer of Applicant, knowledgeable for the financial condition of Applicant, and that I am empowered and authorized to enter into the aforesaid Agreement on Applicant's behalf.

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PRINT Authorized Signer's Name Title Date

  

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 Authorized Signature