



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

| | | | |
|------------------------------|--|--------------------|--|
| Company name | | Federal ID Number | |
| Billing Address | | Shipping Address | |
| City / State / Zip | | City / State / Zip | |
| Accounts Payable Phone / Fax | | Office Phone / Fax | |
| Accounts Payable Email | | Office Email | |

BANKING INFORMATION

| | | | |
|-----------------|--|--------------------|--|
| Bank Name | | Bank Address | |
| Account Number | | City / State / ZIP | |
| Type of Account | | Bank Phone | |

BUSINESS/TRADE REFERENCES

| | | | |
|--------------------|--|-----------------|--|
| Company Name | | Phone | |
| Address | | Fax | |
| | | Email | |
| City / State / ZIP | | Type of Account | |
| Company Name | | Phone | |
| Address | | Fax | |
| | | Email | |
| City / State / ZIP | | Type of Account | |
| Company Name | | Phone | |
| Address | | Fax | |
| | | Email | |
| City / State / ZIP | | Type of Account | |

AGREEMENT

- 1) All invoices are to be paid 30 days from the date of the invoice (Net 30).
- 2) All past due accounts will be charged 1.5% per month and 18% per annum.
- 3) By submitting this application, I authorize Phoenix Pharmaceuticals, Inc. to investigate my credit record, including the banking and references supplied above.

AUTHORIZED SIGNATURE

DATE