

**Hanna's Pharmaceutical Supply Co., Inc.**  
**CREDIT APPLICATION**

**Company Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Ship to Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Billing Contact Person:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Federal Tax ID# or SS#: \_\_\_\_\_

Type of business: \_\_\_\_\_ Year business opened: \_\_\_\_\_

Principals Name(s): \_\_\_\_\_

**Bank Reference**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date account opened: \_\_\_\_\_

**Trade References**

Firm name: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct# \_\_\_\_\_

Firm name: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct# \_\_\_\_\_

Firm name: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct # \_\_\_\_\_

**Does your Company require Purchase Order Numbers?** Yes or No

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

Company: \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

- Additional information needed: copy of business license or physicians license & DEA license
- Pending credit approval, terms of payment are credit card, check in advance, or C.O.D.

**Please Fax Application & Additional Information to: 302-571-1549**