



# AX Pharmaceutical Corp

## New Customer Application Form

Please email the following documents to [info@axpharmaceutical.com](mailto:info@axpharmaceutical.com) or fax to (416) 352-1618:

- 1) New Customer Application Form
- 2) Credit Card Form
- 3) Copy of State Pharmacy License or Permit for further processing for patient

### Shipping Address

Company Name		Contact Person	
Address			
City		State	
Zip		Telephone	
Email		Fax	

### Billing Address (if different from shipping address)

Company Name		Contact person	
Address			
City		State	
Zip		Telephone	
Email		Fax	

\*\*\* Please download invoices from AX Web Portal. For your web portal login information, please contact your designated account manager. Below is the link to our web portal, <https://www.axpharmaceutical.com/portal/login.php>

Do you have Purchase Order Number?

Yes Or No

How would you prefer to be billed via

Credit Card Or Check/Cheque

What is your payment terms?

Pre-pay Or Postpaid

- If it is Postpaid, you will agree to pay within 7 days after delivery of product.



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### Terms and Conditions

Customer will understand and agree to the following terms and conditions for purchase order made to AX Pharmaceutical Corp.

Delivery: All products must be delivered as specified in the purchase order made by customer to AX Pharmaceutical Corp through Oral phone call, electrical email/text or written mail to its address. AX Pharmaceutical Corp must immediately advise customer if any product cannot be delivered by stated date. AX Pharmaceutical Corp will provide Invoice, Packing List, Certificate of Analysis (C of A), MSDS and all other documents upon customer's request.

Acceptance/Refusal: All products shipped to the customer's facility must be inspected by the customer to ensure it is the correct product ordered. In the event a product is mis shipped, the customer must inform AX Pharmaceutical Corp for a replacement/refund. The product must not be opened or tampered with. **All sales are final for products that have been opened.**

Defects after delivery: Customer must advise AX Pharmaceutical Corp of any problems with the product within 30 days of product receipt, such as packaging damage, testing results out of Certificate of Analysis specification, unusual odor or appearance, or unacceptable impurity content. In the event the product does has a problem as listed above, AX Pharmaceutical Corp will be responsible for a replacement or refund after the problem is confirmed. The customer will be responsible to return the product back to AX Pharmaceutical Corp within 15 days after the problem is identified and confirmed. If the product is not returned within 15 days, the customer will be charged the full amount of the product. AX Pharmaceutical Corp is not responsible for any issues with a customer's compounding formulation. All API are sold based off the certificate of analysis, Labelling and MSDS. Customer agrees that AX Pharmaceutical Crop does not hold any liability for their compounding product with API they bought from AX as material, any end user's claim will be solely on Customer's liability.

Payment: Customer will pay by the term AX Pharmaceutical Corp designed for. Cheque(s) must be mailed to AX Pharmaceutical Corp by express courier if amount is over \$1,000. Any past due invoice over 60 days will be charged by interest of 1.5% per month. Under such event, customer shall be liable for the interest and additional late payment charge.

Should you have any inquiries/questions/quality concerns, please contact your designated account manager at AX Pharmaceutical Corp directly.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_



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### Credit Card Billing Authorization Form

Company Name	
Person Authorizing	
Credit Card Type	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/>
Card Number	
CVC / CSC Number	
Expiration Date	
Billing Address	
City / State / Zip	
Telephone Number	
Fax Number	
Email	
Authorized Representative (Print Name)	
Authorized Signature	Date



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Once the form is filled out, please fax to: **(416) 352-1618** along with your **Pharmacy License**.

Should you have any question, please do not hesitate to contact us at (1)866-305-0566.

Thank you for your business!

**Office Use Only:**

Designated Account Manager: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_