AX Pharmaceutical Corp

"Advanced Quality, True North Integrity"

New Customer Application Form

Shipping Address

Company Name		Contact Person	
Address			
City		State	
Zip Code		Telephone	
Email		Fax	

Billing Address (if different from shipping address)

Company Name		Contact Person	
Address			
City		State	
Zip Code		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 ☐ No

How would you prefer to be billed via ☐ Credit Card ☐ ACH

What is your payment terms? ☐ Pre-pay ☐ Postpaid

- If it is Postpaid, you will agree to pay within ____7____ days after delivery of product.

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Terms and Conditions

The customer agrees to abide by the following Terms and Conditions for all purchases from AX Pharmaceutical Corp. ("AX")

1. Delivery

AX Pharmaceutical Corp ("AX") will use commercially reasonable efforts to deliver products in accordance with the agreed delivery schedule and will promptly notify the Customer of any anticipated delays.

AX will provide applicable documentation with each shipment, including:

- Invoice
- Packing List
- Certificate of Analysis ("C of A")
- Safety Data Sheet ("SDS")
- Pedigree
- Other relevant documents, as applicable

2. Inspection and Acceptance

The Customer shall inspect all products immediately upon receipt. Any claim relating to shipping errors, shortages, incorrect products, or visible damage must be reported to AX in writing within two (2) business days of receipt.

Products that have been opened, used, or otherwise tampered with are non-returnable. Except as expressly provided in Section 4 Product Defects After Delivery, **all sales are final**.

3. Returns, Cancellations, and Restocking

Any request for order cancellation, return, or refusal of delivery must be submitted to AX for prior written review and approval.

- Requests not resulting from a verified product quality issue or shipment damage during transportation are subject to AX's sole discretion.
- If a request is approved:
    - The Customer is responsible for all associated shipping and handling costs.
    - A mandatory restocking fee of 15% of the original invoice amount applies.

4. Product Defects After Delivery

The Customer must notify AX in writing of any alleged product defect within thirty (30) days of receipt. This includes, but is not limited to:

- Packaging damage
- Failure to meet C of A specifications
- Unusual odor or appearance
- Unacceptable impurity content

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Claim resolution:

- Upon verification of a valid claim, AX may, at its sole discretion, provide a replacement, credit, or refund.
- The affected product must be returned to AX within fifteen (15) days of AX's request.
- Failure to return the product within this period may void any replacement, credit, or refund.

Limitation of liability:

- AX bears no responsibility for issues arising from the Customer's compounding formulation.
- All pharmaceutical ingredients are sold based on their C of A, labeling, and SDS.
- By agreeing to these terms, the Customer acknowledges that AX holds no liability for claims regarding compounded products manufactured using pharmaceutical ingredients purchased from AX.
- Any claims made by end-users are the sole responsibility of the Customer.

5. Payment

The Customer will adhere to the payment terms established by AX.

- Check/cheque payments: Any amount exceeding $1,000.00 must be sent via express courier (e.g., FedEx) with tracking information.
- Credit card payments: A 3.5% service fee applies to any invoice exceeding $2,000.00.
- Overdue invoices: Invoices overdue by 60 days or more will incur interest at 1.5% per month. The Customer is responsible for all accrued interest and any additional late payment fees.

Print Name: _____ **Date:** _____

Authorized Signature: _____

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Credit Card Billing Authorization Form

Company Name	
Person Authorizing	
Credit Card Type	☐ Visa ☐ MasterCard ☐ AMEX
Card Number	
CVC / CSC Number	
Expiration Date	
Billing Address	
City; State; Zip Code	
Telephone Number	
Fax Number	
Email	
Authorized Representative (Print Name)	
Authorized Signature Date	

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ACH Payment Authorization

☐ I/we hereby authorize the above business debit my account for regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our account.

ACH Payment Terms

Authorization

I authorize the above business to debit my bank account as outlined in the payment terms of this agreement.

Recourse

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any ACH that is not authorized or is not consistent with this ACH Agreement. I understand that this authorization will remain in effect until it is canceled in writing and I agree to notify the above business at least 15 days in advance to any changes.

To obtain more information about your recourse rights, you can visit www.nacha.org.

☐ I agree with the above payment terms and conditions.

ACH Information

Please attach a void cheque or fill out the below account details.

☐ Checking ☐ Savings

Routing No. _____

Account No. _____

Maximum Authorized Amount _____

Signature(s) _____

Date _____

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Please provide the name of the account manager who sent you the New Customer Application Form (NCAF), if available.

- **AX Account Manager:** _____.

Kindly email the following documents to info@axpharmaceutical.com to complete account setup.

1. A Completed New Customer Application Form (NCAF)
2. Credit Card Form (if payment is made via credit card)
3. ACH Form (if payment is made via ACH)
4. Copy of Current Pharmacy License or Permit (for further processing related to patient care)

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

Thank you for your business!

Follow us on LinkedIn!