



# AX Pharmaceutical Corp

*“Advanced Quality, True North Integrity”*

## New Customer Application Form

### Shipping Address

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

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

Company Name		Contact person	
Address			
City		State/Province	
Zip/Postal 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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## New Customer Application Form

### Terms and Conditions

The customer agrees to abide by the following terms and conditions for purchase orders placed with AX Pharmaceutical Corp:

Delivery: All products must be delivered as specified in the purchase order made by customer to AX Pharmaceutical Corp via oral communication, electronic mail/text, or written correspondence to its address. AX Pharmaceutical Corp must immediately advise customer if any product cannot be delivered by the specified date. AX Pharmaceutical Corp will provide Invoice, Packing List, Certificate of Analysis (C of A), Material Safety Data Sheet (SDS), and any other relevant documents.

Acceptance/Refusal: Upon receipt of products at the customer's facility, it is the customer's responsibility to inspect them to confirm they match the ordered items. Should a product be incorrectly shipped, the customer must promptly notify AX Pharmaceutical Corp to arrange for a replacement or refund. The product must remain unopened and untampered with for any returns or exchanges to be processed. **All sales are considered final for products that have been opened.**

Defects after delivery: Customer must advise AX Pharmaceutical Corp of any issues with the product within 30 days of receiving it, such as packaging damage, testing results out of Certificate of Analysis specification, unusual odor or appearance, or unacceptable impurity content. If any such issues arise, AX Pharmaceutical Corp will be responsible for providing a replacement or issuing a refund once the issue is verified. The customer is required to return the product to AX Pharmaceutical Corp within 15 days after identifying and confirming the problem. Failure to return the product within this timeframe will result in the customer being charged the full amount. It is important to note that AX Pharmaceutical Corp bears no responsibility for any issues arising from the customer's compounding formulation. All active pharmaceutical ingredients (APIs) are sold based on their Certificate of Analysis, labeling, and Material Safety Data Sheet (SDS). By agreeing to these terms, the customer acknowledges that AX Pharmaceutical Corp holds no liability for any claims regarding the compounding products manufactured with APIs purchased from AX Pharmaceutical Corp. Any claims made by end-users will be solely the responsibility of the customer.

Payment: Customer will adhere to the payment terms established by AX Pharmaceutical Corp. For payments made by credit card, a 3.5% service fee will be applied to any invoice exceeding \$2,000.00. Invoices overdue by 60 days will incur an interest charge of 1.5% per month. The customer will be responsible for both the accrued interest and any additional late payment fees.

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

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

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



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## New Customer Application Form

### Credit Card Billing Authorization Form

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



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## New Customer Application Form

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

➤ **The NCAF was sent by:** \_\_\_\_\_.

Kindly email the following documents to [info@axpharmaceutical.com](mailto: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!

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