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")

Delivery: AX will use commercially reasonable efforts to deliver products in accordance with the agreed delivery schedule. AX shall promptly notify the Customer of any anticipated delays. AX will provide applicable documentation, including the Invoice, Packing List, Certificate of Analysis ("C of A"), Safety Data Sheet ("SDS"), and other relevant documents.

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 herein, all sales are final.

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 for cancellation or return that are not the result of a verified product quality issue or shipment damaged during transportation shall be subject to AX's sole discretion. If approved, the Customer shall be responsible for all associated shipping and handling costs and a mandatory restocking fee equal to fifteen percent (15%) of the original invoice amount.

Product Defects after delivery: The Customer must notify AX in writing of any alleged product defect within thirty (30) days of receipt, including but not limited to packaging damage, failure to meet C of A specifications, unusual odor or appearance, or unacceptable impurity content. 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 request. Failure to return the product may void any replacement, credit, or refund. 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. If paying by cheque/check, any amount exceeding $1,000.00 must be sent via express courier (e.g., FedEx) with tracking information. 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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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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New Customer Application Form

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!

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