



ACCURATE ◦ ON TIME ◦ RESPONSIVE
PRÉCIS ◦ À TEMPS ◦ FLEXIBLE

Account Opening Form

COMPANY NAME		INVOICING ADDRESS	
		STREET	STATE / COUNTRY
THE SERVICE PROVIDED MUST BE DONE ACCORDING TO THE? <input type="checkbox"/> CANADIAN GMP <input type="checkbox"/> U.S. GMP <input type="checkbox"/> _____ GMP <input type="checkbox"/> N/A		CITY / TOWN	ZIP CODE
E-MAIL ADDRESS FOR RECEPTION OF INVOICES		FAX	PHONE

NAME OF OWNER OR PRESIDENT :	IN BUSINESS SINCE :	MONTH	YEAR
RESPONSIBLE OF FINANCES :	INVOCING CURRENCY :	<input type="checkbox"/> CAD	<input type="checkbox"/> USD
RESPONSIBLE OF ACCOUNTS PAYABLE :	CREDIT LIMIT REQUESTED :	\$	
RESPONSIBLE OF ANALYSIS REQUESTS :	PURCHASE ORDER REQUIRED :	<input type="checkbox"/> YES	<input type="checkbox"/> NO

BANK REFERENCES (IMPORTANT : PLEASE PROVIDE ALL THE REQUESTED INFORMATION)			
NAME OF YOUR BANK		COMPLETE ADDRESS	
TRANSIT #	ACCOUNT #	PHONE	FAX

SUPPLIERS REFERECES (IMPORTANT : PLEASE PROVIDE ALL THE REQUESTED INFORMATION)				
1	NAME OF SUPPLIER		COMPLETE ADDRESS	
	PHONE	FAX	E-MAIL ADDRESS	CONTACT PERSON

2	NAME OF SUPPLIER		COMPLETE ADDRESS	
	PHONE	FAX	E-MAIL ADDRESS	CONTACT PERSON

3	NAME OF SUPPLIER		COMPLETE ADDRESS	
	PHONE	FAX	E-MAIL ADDRESS	CONTACT PERSON

AUTHORIZATION OF CREDIT INQUIRY AND ACCEPTANCE OF SALE AND CREDIT CONDITIONS	
<p><i>I hereby authorize NEOPHARM LABS INC., to conduct a credit assessment of our company. I declare to have read, understood and accept the terms of sales and credit described below. I also declare that I am an authorized representative of this company.</i></p> <p><i>Terms of payment are: net 30 days, a service charge of 2% per month payable in respect of any account balance not paid. The customer hereby agrees to pay all collection costs and/or legal fees relating to this account if such measures are necessary due to non-payment.</i></p>	
NAME AND TITLE	SIGNATURE

PLEASE COMPLETE THIS FORM AND RETURN THE ORIGINAL SIGNED COPY.