



NEW CUSTOMER APPLICATION
Please send us a copy of Pharmacy License
WWW.CINAPHARMA.COM

21602 East Hardy Rd
Houston, TX 77073
Phone: 1-844-873-2462
Fax: 1-844-863-2462
E-mail: orders@cinapharma.com
Account Manager:

Company Name (Trade name if different): DBA:

Address (Billing): City: State: Zip:

Address (Ship To): City: State: Zip:

Phone: () - Fax: () - Email:

DEA License#: Exp: / / State License #: Exp: / /

PRINCIPAL OFFICERS AND/OR PARTNERS

1.Name: Title: Phone:() -

2.Name: Title: Phone:() -

Purchasing Agent:

Purchasing Agent Phone:

A/P Contact:

A/P Contact Phone:

Purchasing Agent Email:

A/P Contact Email:

CREDIT REFERENCES

PRIMARY WHOLESALER

SECONDARY WHOLESALER

Address: City: State: Zip: Phone() -

We authorize you to check our company and personal credit rating and verify the information provided in this credit application. By signing, using, or requesting issuance of credit by Cina Pharmaceutical Inc., we agree to the following:

- 1. This is an unconditional personal guarantee for credit extended by Cina Pharmaceutical Inc. or its subsidiaries in connection with the purchase of any and all goods. Further, the guarantor agrees to subject their company and themselves to the jurisdiction and venue of the Texas courts.
2. We understand our terms are set at time of sale on a case by case basis, this is subject to credit approval and agree to pay at the place designated on the invoice all drafts and obligations, evidence of credit, and all extensions of credit, and all finance charges when imposed, either:
a. In full upon due date, or
b. If not paid upon due date, a 1.5% monthly finance charge will be assessed
c. On default or failure to pay as agree, you will pay to Cina Pharmaceutical Inc. or its subsidiaries collection costs, the maximum monthly finance charge permitted, and reasonable attorney's fees. Same day orders on a case by case basis with additional processing fee.
d. Customer agrees to a NO RETURNS POLICY. Cina Pharmaceutical Inc. does not accept returns. No Credit will be given to UNAUTHORIZED returns. By signing below, I agree and understand that Cina Pharmaceutical Inc. does not accept returns and will not issue credit if product is returned.
3. We hereby grant permission to Cina Pharmaceutical Inc. and its subsidiaries to send advertising and promotional materials to the email(s) and fax number(s) listed above.
4. We authorize Cina Pharmaceutical Inc. to register our company in their software.
5. This agreement is binding on your heirs, representatives, successors, and assigns.

Shipping Policy

The standard shipping policy for Cina Pharmaceutical Inc. Supply is as follows:

Orders received prior to 4:00PM CST*, Monday through Friday, will be processed and shipped the following day in most cases. Orders placed after our cutoff times will be shipped 2 business days later in most cases. Orders placed on Saturday, Sunday and company-observed holidays will be processed the next normal business day in above order.

Cina Pharmaceutical Inc. requires an order minimum of \$300.00. All orders less than \$300.00 are shipped with a processing fee unless specifically negotiated otherwise.

Refrigerated products ordered after 3:00PM CST* Thursday through Sunday will be shipped the following Monday.

Cina Pharmaceutical Inc. reserves the right to change or modify this policy at any time and may make exceptions as deemed necessary.

* Excluding orders held for Credit or Compliance Review

ACKNOWLEDGED AND AGREED:

Pharmacy Authorized Agent:

Signature of Principal / Company Printed Name Date Title



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Account Manager: _____

(Please fill out if paying by credit card)

Credit Card Authorization Form

All information will be kept confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification number: _____

Amount to Charge: \$ _____ (USD)

I _____ authorize to charge the agreed amount listed above to the Credit Card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

*Unless prior approval is received, the bill to address must match the physical address that the product is shipped to.

DISCLAIMERS: Cina Pharmaceutical Inc. reserves the right to amend this policy. This policy supersedes all previous policies and is hereby automatically incorporated into any prior customer supply agreements or written contract.