

Facsimile Transmittal

Date:

To: Rizwan Khan

Company: Pioneer Life Sciences

Fax: (610) 269-7454

Telephone: (610) 269-7442

Pages:

From:

Company:

Fax:

Telephone:

Subject: Request for Application for Credit

Please find attached my completed credit application with purchase order information. I understand that my application will be reviewed by Pioneer Life Sciences and responded to as quickly as possible.

Regards,



Pioneer Healthcare

313 Long Ridge Lane, Suite 100, Exton, PA 19341

Tel: (610) 280-0390

www.pioneerlifesciences.com

New Account Credit Application

Bill To: _____ Ship To: _____

 Contact: _____
 Tel: _____ Fax: _____ Tel: _____ Fax: _____

NAME(S) OF OWNER(S) OR AUTHORIZED OFFICER OF CORPORATION (LIST HOME ADDRESS FOR PARTNERSHP OR INDIVIDUAL.)

Name	Address	City, State, Zip	SSN

Name	Address	City, State, Zip	SSN

EDI CAPABLE? YES NO OWN OR RENT BUILDING? OWN RENT TAX EXEMPT? YES NO
 PLEASE CHECK ONE: INDIVIDUAL PARTNERSHIP CORPORATION DEA#: _____
 RESALE CERTIFICATE #: _____ (Attach Copy) FED TAX # (For Corp.): _____ (Attach Copy)
 TYPE OF BUSINESS: _____ DATE STARTED: _____

ESTIMATED ANNUAL SALES: _____

LIST PARENT COMPANY (if Division or Wholly Owned Subsidiary): _____

NAME ANY PREVIOUS BUSINESS: _____ DID BUSINESS EVER FILE FOR BANKRUPTCY? YES NO

TRADE REFERENCES

Name	Address	Phone	Account #
1. _____			
2. _____			
3. _____			

BANK

Name	Contact	Account #

City	State	Zip Code	Telephone

ORDER INFORMATION

TYPE OF ACCOUNT: New Reactivated Change
 PO#: _____ TOTAL ORDER AMOUNT: _____ PARENT ACCOUNT: _____
 PRODUCT: _____ QUANTITY: _____ \$ _____
 PRODUCT: _____ QUANTITY: _____ \$ _____

This application is submitted to Pioneer Life Sciences for the purpose of obtaining credit. The undersigned represents and warrants that all information contained herein is current, correct and complete, and that Pioneer Life Sciences may rely on such information in deciding to extend or discontinue credit. The undersigned agrees to notify Pioneer Life Sciences immediately in writing of any change in the foregoing information including, without limitation, any change in the nature of the business, ownership, name or location of the business or financial condition of the undersigned. The undersigned agrees to furnish current financial information from time to time as requested by Pioneer Life Sciences. Pioneer Life Sciences reserves the right to limit or discontinue any credit and to modify terms of sale at its sole discretion. The undersigned authorizes Pioneer Life Sciences and any credit agency or any investigatory service engaged by Pioneer Life Sciences to verify or otherwise investigate any information contained herein, or reference listed, statements reports, or other information obtained with respect to the undersigned from any other sources as Pioneer Life Sciences deems appropriate. The undersigned authorizes their bank(s) to provide references to Pioneer Life Sciences upon request. The undersigned agrees to pay in a timely manner all debts, accounts and invoices owing to Pioneer Life Sciences in full accordance with the agreed upon terms of sale. The undersigned agrees that in the event such debts, accounts or invoices are not paid when due, they will accrue late charges at the rate of eighteen percent (18%) annum or the maximum rate allowed by law, whichever is the lesser rate.

Please Attach Copies Of Your Most Recent Financial Statements Firm Name: _____
 Signature/Title: _____
 Signature/Title: _____

FOR INTERNAL USE ONLY:	Car Name: _____	Desk#: _____
COT: _____	Bill to Acct#: _____	Ship to Acct.#: _____
Credit Review: _____	Approved By: _____	Credit Limit: _____ Date: _____
Data Control: _____	Entered By: _____	Date: _____ Comments: _____