



NEW CUSTOMER APPLICATION

P.O. BOX 1849 TIFTON, GA 31793
PHONE: 800.841.8700 • Fax: 229.388.8388
www.bloodworthwholesale.com

NEW CUSTOMER APPLICATION CHECKLIST

NAME OF APPLICANT: _____

NAME OF OWNER: _____

Please use this checklist to ensure you are providing us with all necessary documents we need for the credit review process. Please return all documents to one of the following:

Email to newaccounts@bloodworthwholesale.com or Fax to 1.229.388.8388

COMPLETED AND SIGNED NEW CUSTOMER APPLICATION

COMPLETED, SIGNED, & NOTARIZED GUARANTY

COPY OF CURRENT STATE LICENSE

COPY OF CURRENT DEA LICENSE

STORE PHOTOS

PLEASE PROVIDE AT LEAST 1 PHOTO INSIDE OF STORE AND AT LEAST 1 PHOTO OUTSIDE OF STORE INCLUDING STOREFRONT AND SIGNAGE EMAIL OR TEXT TO 229-322-4713.

COPY OF DIVERS LICENSE FOR OWNER OR PIC



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To whom it may concern:

Thank you for your interest in Bloodworth Wholesale. Please fill in the attached application and fax back to 229.388.8388. ***Don't forget to send all documents listed on the New Customer Application Checklist.***

Upon approval of your application, you will be given a web user ID and password. This will be sent to you along with user instructions. Our website, www.bloodworthwholesale.com, has a full online catalog where you can search inventory and you may place orders online.

While we still offer superior customer service via phone, we encourage you to utilize our website for your added convenience. Again, thank you for your interest.

We look forward to serving you.

Sincerely,

Bloodworth Wholesale Staff



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APPLICATION FOR CREDIT

Business Name: _____

DBA: _____

Physical Address: _____

City: _____

State: _____

Zip: _____

Phone: _____ Fax: _____

DEA Number: _____ Expires: _____

State License: _____ Expires: _____

GLN : _____

Years in Business : _____

Website (if available) : _____

Accounts Payable Contact : _____ Email: _____

Pharmacist in Charge : _____ Email : _____

Owner : _____ Email : _____

Questions:

1. Has your pharmacy ever operated under a different name? YES NO

If YES, please specify: _____

2. Number of scripts daily: _____ Walk-In %: _____ Mail Order %: _____ Internet %: _____

3. Purchase Percentages: Controlled %: _____ Non-Controlled %: _____ OTC %: _____

4. Do you have a system in place to notify you if one or more prescribing physicians are writing a high percentage of controlled substances being filled by your pharmacy? YES NO

5. Does this pharmacy fill prescriptions for out-of-state customers? YES NO

If YES, approximately how many does the pharmacy fill per month? _____

Bank Name: _____

Address: _____

Phone: _____ Fax: _____

Account Number: _____

Officer: _____



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GUARANTY

_____ County, _____

THE UNDERSIGNED, for value received and other good and valuable considerations, including, without limitation, this guaranty as an inducement to BLOODWORTH WHOLESALE DRUGS, INC., as "Lender," to extend credit to _____, as "Borrower," in the form of an open account for the purchase of pharmaceuticals for Lender, the undersigned does hereby personally guarantee the prompt payment of all indebtedness to Lender accruing upon said open account, this being an unlimited guaranty of such account and account indebtedness.

This is an absolute, unconditional and continuing guaranty of payment of the indebtedness and shall continue to be in force and be binding upon the undersigned until the indebtedness herein guaranteed is paid in full, or until this guaranty is revoked by written notice actually received by the Lender. Such revocation shall not be effective as to indebtedness existing or committed for at the time of actual receipt of such notice by the Lender, or as to any renewals, extensions and refinancings thereof. The death or incompetence of the undersigned shall not revoke this guaranty, except upon actual receipt of written notice thereof by Lender and then only as to the decedent or the incompetent and only prospectively, as to future transactions, as herein set forth.

If the undersigned shall die, or shall be or become insolvent (however defined) or revoke this guaranty, then the Lender shall have the right to declare immediately due and payable, and the undersigned or the estate of the undersigned will forthwith pay to the Lender, the full amount of all indebtedness, whether due and payable or unmatured. If the undersigned voluntarily commences or there is commenced involuntarily against the undersigned a case under the United States Bankruptcy Code, the full amount of all indebtedness, whether due and payable or unmatured, shall be immediately due and payable without demand or notice thereof.

The undersigned will pay or reimburse Lender for all costs and expenses (including reasonable attorneys' fees and legal expenses) incurred by Lender in connection with the protection, defense or enforcement of this guaranty in any litigation or bankruptcy or insolvency proceedings.

The undersigned waives any and all defenses, claims and discharges of Borrower, or any other obligor, pertaining to indebtedness, except the defense of discharge by payment in full. Without limiting the generality of the foregoing, the undersigned will not assert, plea or enforce against Lender any defense of waiver, release, statute of limitations, res judicate, statute of frauds, fraud, incapacity, minority, usury, illegality or unenforceability which may be available to Borrower or any other person liable in respect of any indebtedness, or any setoff available against Lender by Borrower or any such person, whether or not on account of a related transaction.

The undersigned waives presentment, demand for payment, notice of dishonor or nonpayment, and protest of any instrument evidencing indebtedness. Lender shall not be required first to resort for payment of the indebtedness to Borrower or other persons or their properties, or first to enforce, realize upon or exhaust any collateral security for indebtedness, before enforcing this guaranty.

IN WITNESS WHEREOF, this guaranty has been duly executed on this _____ day of _____, 20____, by affixing the hand and seal of the undersigned hereto.

Signed, sealed and delivered on this _____ day of _____,

20____, in the presence of:

Unofficial Witness

Notary Public
Comm. Expires: _____

c:\guaranty\bloodworth

_____(LS)
(Signature)

Printed name
"Undersigned"