



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

21602 East Hardy Rd Houston, TX77073
Phone: 1-844-873-2462
Email: orders@cinapharma.com
Pharmacy Name:
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:
Purchasing Agent Email: A/P Contact Email:

CREDIT REFERENCES

PRIMARY WHOLESALER
SECONDARY WHOLESALER
BANK NAME
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 agreed, 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 a 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

CINA REP:
DATE:

ACKNOWLEDGED AND AGREED:

Pharmacy Authorized Agent:

Signature of Principal / Company Printed Name Date Title



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Phone: 1-844-873-2462

Email: orders@cinapharma.com

Pharmacy Name: .....

Account Manager: .....

This Agreement governs ACH transactions initiated by Cina Pharmaceutical Inc. to credit or charge the Company indicated below. Both parties agree to be bound by NACHA Operating Rules as they pertain to all ACH transactions initiated by that credit or debit the Company bank account listed below, and acknowledge that the origination of ACH transactions to the listed account must comply with provisions of U.S. law.

This Agreement provides authorization for individual or recurring CCD transactions to be initiated by Cina Pharmaceutical Inc. when individually authorized using the methods designated below. This Agreement will remain in effect until Company cancels it in writing. Both parties agree that this Agreement in conjunction with any of the designated methods constitutes authorization to debit Company's business bank account, and Company agrees not to dispute any debits with its bank provided the transaction(s) correspond to the terms indicated in this Agreement.

Please complete the information below:

Company Name (Company) \_\_\_\_\_ Name \_\_\_\_\_
Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Company Name on Account: \_\_\_\_\_
Bank Name: \_\_\_\_\_
Bank Account Number: \_\_\_\_\_
Bank Routing #: \_\_\_\_\_
Bank City/State: \_\_\_\_\_
This Business Bank Account is Enabled for ACH Transactions [ ] Yes [ ] No

Individual Transaction or Recurring Schedule Authorization Methods (check all that apply):

[ ] Phone [ ] Fax [ ] Email [ ] Written [ ] Other \_\_\_\_\_

I Authorize Cina Pharmaceutical Inc. to initiate ACH Debits and Credits to the bank account indicated above, provided each transaction is initiated according to the terms of this Agreement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

I certify that I am an authorized representative of the Company indicated above and that I have the authority to enter into this Agreement on the Company's behalf. Company understands that this authorization will remain in effect until it is canceled in writing, and agrees to notify in writing at least 15 days in advance of any changes in its account information or termination of this authorization. Company understands that because these are electronic transactions, these funds may be withdrawn from its account as soon as the date an individual transaction is authorized, and that it will have limited time to report and dispute errors. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) Company understand that Cina Pharmaceutical Inc. may at its discretion attempt to process the charge again within 30 days, and agrees to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. Company has certified that the above business bank account is enabled for ACH transactions, and agrees to reimburse Cina Pharmaceutical Inc. for all penalties and fees incurred as a result of Company's bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions. Company acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law.



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Pharmacy Name: .....

Account Manager: .....

(Please fill out if paying by credit card) **Credit Card Authorization Form**

All information will be kept confidential.

\*Please take note there is a 3.25% processing fee.\*

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