



A Pharmaceutical Development Company.

Fax back: (949) 587-8436

Attn: Finance Dept

Customer Account Application

Open Account Credit Card

COMPANY INFORMATION

LEGAL COMPANY NAME		TAX ID #
PARENT COMPANY		DUNS #
COMPANY ADDRESS		
MAIN TELEPHONE #	FAX#	

BILLING INFORMATION

BILLING ADDRESS (if different)		
BILLING CONTACT		BILLING PHONE
FAX #	EMAIL ADDRESS	IS PURCHASE ORDER # REQUIRED ON ALL INVOICES? <input type="checkbox"/> YES <input type="checkbox"/> NO

BUSINESS/FINANCIAL

TYPE OF OWNERSHIP		
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> GOVERNMENT AGENCY		
TYPE OF BUSINESS	HOW LONG IN BUSINESS? _____ YEARS	ANNUAL SALES \$ _____

CREDIT INFORMATION

NAME	CONTACT PERSON	ACCOUNT NUMBER	PHONE & FAX NUMBER
BANK			
REFERENCE			
REFERENCE			
REFERENCE			



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AUTHORIZATION/CREDIT RELEASE

The above trade name is adopted by the Undersigned, who is/are jointly responsible for all goods or services ordered in this name. Upon approval of credit, I/We agree to honor the Irvine Pharmaceutical Services, Inc. (IRVINE) credit terms of net 30 days in US Dollar funds. If payment is not made in accordance of terms, I/We understand that a service charge of 1 ½ % per month on past due accounts will accrue.

I/We authorize release ratings and payment record information as required to IRVINE and understand that all information will be held in strict confidentiality.

AUTHORIZED SIGNATURE	DATE
PRINT NAME	TITLE
COMPANY NAME	PHONE
ADDRESS	

Irvine Pharmaceutical Services Use Only

SALES/CSR	ACCOUNT #	APPROVED BY:
DATE SUBMITTED:	CL:	ENTERED BY: