

227 N Rt. 303  
Suite 101  
Congers, NY 10920



Toll Free Phone: 866-(OAK) 625-9390  
Main Office Phone 845-600-1122  
Toll Free Fax: 877-824-0702

## Oak Drugs Credit Application

**Legal Business Name:** \_\_\_\_\_  
**DBA or Trade Name:** \_\_\_\_\_

**Billing Address:**  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Shipping Address** (if different):  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address: \_\_\_\_\_  
State Board Of Pharmacy License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
DEA License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type of Business : Corporation ( ) Proprietorship ( ) LLC ( ) Partnership ( )  
Owner's Name \_\_\_\_\_ Email address \_\_\_\_\_  
Buyer's Name \_\_\_\_\_ Email address \_\_\_\_\_  
A/P Manager's Name \_\_\_\_\_ Email address \_\_\_\_\_  
Dunn & Bradstreet # \_\_\_\_\_ Year's in business: \_\_\_\_\_

Primary Wholesaler \_\_\_\_\_ Tel # \_\_\_\_\_  
Secondary Wholesaler \_\_\_\_\_ Tel # \_\_\_\_\_  
Bank Name \_\_\_\_\_ Tel # \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZATION TO INVESTIGATE CREDIT: The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the Oak Drugs Inc to investigate the references listed pertaining to my/our credit and financial responsibility. Applicant agrees to the Oak Drugs Inc Terms and Conditions including those set on page 2 of this application.

80 Red Schoolhouse Road  
Building 2, Suite 20  
Chestnut Ridge, NY 10977



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### Additional Required Information

• Have there been any disciplinary actions taken by state/federal agencies against the company as well as any of its principles, owners, or officers over the last ten years, or since the company was first licensed, or since any of the listed individuals were first in the prescription drug wholesale business? Please list all if any – attach if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Has the company ever had any disciplinary actions by local, state, or federal authority with regards to pharmaceutical storage, handling, and distribution? \_\_\_\_\_. If yes, please provide detail information: – attach if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Have any of the owners and/or officers ever been convicted of a felony? \_\_\_\_\_. If yes, please list in detail the offense, location, sentence, and current position.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TERMS AND CONDITIONS:

- Terms are NET 15 BILLING (subject to credit approval)
- We do accept all Major Credit Cards, Checks, CheckFax, ACH, or COD as methods of payment.
- All Invoices are to be paid in full and on time.
- Any claims arising in regards to merchandise received must be made within three business days of receipt of shipment.
- If failure to make payment, you agree to reimburse Oak Drugs Inc any and all cost related to collection costs and services.

For your convenience, you could Email or Fax your application with a copy of your State Board of Pharmacy License and DEA Certificate to

**Email: [info@oakdrugs.com](mailto:info@oakdrugs.com) or Fax: 877-824-0702**

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### Shipping Policy

**Shipment processing time and schedule:** • In most cases all orders received prior to 6:00PM EST\*, Monday through Friday, will be processed and shipped the same day. Orders placed after 6:00PM EST\* cutoff time will be shipped the following business day. Orders place on holidays or weekends will be process the next normal business day. All refrigerated products ship overnight. Refrigerated Orders received Friday will be processed and Shipped the following Business day.