

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



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.

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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 30 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 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 placed on holidays or weekends will be processed the next normal business day. All refrigerated products ship overnight. Refrigerated Orders received Friday will be processed and Shipped the following Business day.