528 N. Broadway
Escondido CA 92025

Advance Care
PHARMACY

Phone: 760.489.7077
Fax: 760.291.1114

Credit Application and Personal Guarantee

INSTRUCTION: Complete form and Fax to 760-291-1114 or mail to 528 N.Broadway, Escondido, CA 92025 Phone number 760-489-7077. Upon acceptance of the completed form submitted by you (the **"Agreement"**) an agreement is formed between Advance Care Pharmacy, the Applicant named below (The **"Applicant"**) and each principal owner (more than 5% equity) of the Applicant (each, a **"Principal"**).

Date _____ Years in Business _____

Legal Name _____ DBA if different _____

Address _____

Business Phone _____ Business Fax _____

Type of Business: Corporation Partnership Individual Business Other

PRINCIPALS OR OWNERS:

1) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

2) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

3) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

BANK REFERENCES

Name _____ Account Number _____

Address _____ Phone _____ Contact Name _____

Name _____ Account Number _____

Address _____

TRADE REFERENCES

1) Supplier Name: _____ Phone #: _____ Fax #: _____

2) Supplier Name: _____ Phone #: _____ Fax #: _____

3) Supplier Name: _____ Phone #: _____ Fax #: _____

Each Principal hereby certifies and agree as follows: (1) the above-named principals constitute all owners of 5% or more of the voting equity of the Applicant; (2) all of the above information is true and correct and not failed to state any material facts; (3) each of the above-named Principals shall pay all amounts due on the Applicant's account in accordance with the credit terms of Advance Care Pharmacy.Each of the above-named Principals authorizes Advance Care Pharmacy to verify all of the information contained herein and/or additional information by securing data from a credit reporting agency.

Any dispute, controversy or claim arising out of or relating to this Agreement between or among persons who are parties to and bound by this Agreement shall be settled by final and binding arbitration to be held, and the award made, in San Diego County, California, in accordance with the Commercial Arbitration Rules of the American Arbitration Association then is effect. California law shall be applicable to the merits of all issues, without reference to the rules of conflicts of law. Each Party hereby irrevocably consents to the jurisdiction and venue of the arbitrator and arbitration process described above and hereby waives and objections or defenses relating to such jurisdiction and venue with respect to any proceeding rightfully initiated hereunder.

Signed _____ Position _____ Date _____

Signed _____ Position _____ Date _____

PERSONAL GUARANTEE

For good and valuable consideration, each Principal (jointly & individually) hereby agrees to be personally liable for all indebtedness incurred by the Applicant. The undersigned (jointly & severally) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned, or the Applicant, is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & severally) agree to pay an additional 25% collection charge on the entire unpaid balance.

Signed	Witness	Date
Signed	Witness	Date

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.

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Credit Card Option Instead of Personal Guarantee

If principals or owners do not wish to sign the personal guarantee, applicant will be required to keep a current credit card on file or have order sent C.O.D. If paying by credit card, payment will be due at time of order and will be charged to the credit card.

CREDIT CARD PAYMENT ☐

Credit Card Information

Name:_____ **Facility:**_____

(Circle one) Visa / Mastercard / Discover / Am. Express

Credit Card #_____ **Exp.Date:** _____

Cardholder's Name_____

Billing Address_____

Security Code_____ **Date Signed:**_____

Mandatory Authorized Signature:_____

(By signing above, I authorize Advance Care Pharmacy to charge the credit card listed above)

PLEASE SEND ORDER C.O.D. ☐

(Extra charges may apply. Charges will be listed under shipping on your invoice)