

Pharma Athlete, LLC
800 S. Industry Way, Suite 340
Meridian, ID 83642
ph: 855-677-4648 Ext. 4
fax: 855-677-4648
email: wholesale@pharmaathlete.com
web: pharmaathlete.com

PHARMA
ATHLETE™



NEW ACCOUNT SETUP FORM

Contact Information

Company Name: _____

Web Address: _____

Corporate address:

Ship to address:

Street _____

Street _____

Suite _____

Suite _____

City _____

City _____

State _____

State _____

Zip Code _____

Zip Code _____

Billing address:

Street _____

Suite _____

City _____

State _____

Zip Code _____

Primary Contact(s):

Sales: _____

Purchasing: _____

title: _____

title: _____

phone: _____

phone: _____

fax: _____

fax: _____

email: _____

email: _____

Receiving: _____

Accounting: _____

title: _____

title: _____

phone: _____

phone: _____

fax: _____

fax: _____

email: _____

email: _____

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Preferences

1. How do you prefer to receive order confirmations?

Email: _____

Fax: _____

2. Are delivery appointments required at your facility? If so, what are your receiving hours?

Yes No _____ to _____

Account Description (for internal use only)

- Online (Online Distributor)
- Wholesale (Industrial / Wholesale)
- Retail (Retail Distributor)
- Chain (Chain Account)
- Other (Other)

Credit Card Authorization

Circle one:

VISA

Mastercard

DISCOVER

Credit Card Number: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Expiration / CVV# / ZIP : _____

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Application for Credit

Trade References:

Please include a minimum of 3 trade references that currently extend commercial credit to your Company.
PLEASE INCLUDE PHONE AND FAX NUMBERS.

Reference 1:

Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Reference 2:

Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Reference 3:

Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Reference 4:

Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

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Bank Information:

Bank name: _____ phone: _____
Primary contact: _____ fax: _____

Address: _____
City: _____
State: _____
Zip Code: _____

Account Number: _____

Dun & Bradstreet Number: _____ (If Applicable)

We certify that all information provided in this form is accurate and that we fully understand your credit terms and agree to proper payment in consideration of the credit provided by Pharma Athlete, LLC.

Signature: _____ Date: _____
Title: _____

Privacy Policy: Pharma Athlete, LLC. ("PA") is committed to protecting the privacy of our customer's information. WE DO NOT SHARE ANY CUSTOMER INFORMATION WITH OUTSIDE THIRD PARTIES. We take care to ensure that our customer's information is used for the purpose of doing business with IFI which includes checking credit references (when required) and communicating with you regarding our mutual business. The information we receive from you enables us to process your purchases, confirm orders, notify you of your shipment's status and provide you with future marketing information and opportunities. We store your information in our secure, protected customer database. We may use your information for marketing and promotional purposes. If you wish to "opt-out" from receiving any marketing communications from us, please email us at wholesale@pharmaathlete.com or call us at (855) 677-4648 Ext. 4