Rally Inc.

Credit Application

Date ____/____/____

♦ **Your Business Information:**

Legal Name:			
Address:		Website:	Email:
City :	State :	ZIP :	Phone:
Date Business Established:	Tax I.D. :	Tax Exempt? : ☐ **Yes** ☐ **No**	Fax :

♦ **Type Of Business:**

[ ] Clinic
[ ] Corporation
[ ] Drug Store
[ ] Other (Specify) _____
[ ] Government - Federal Agency
[ ] Home Nursing Serv.
[ ] Hospital
Physician UPIN or Permit No. _____
[ ] Laboratory
[ ] Nursing Home
[ ] Partnership
[ ] Pharmacy
[ ] Private Practice
[ ] Proprietorship
Exp. Date ____/____/____

Provide Copies (needed for certification in respective areas) :

[ ] Copy of Resale/Tax Exemption Cert.
[ ] Copy of DEA Registration
[ ] Copy of State License Medical / Pharmacy
[ ] Copy of Prescriptive Authority Agreement (if APRN / PA)

Practitioner* License #_____ DEA #_____ GLN #_____ Compliance Email : _____

Sales Representative	Credit Requested	Account Type	Form of Payment
	$_____	[ ] Balance Forward [ ] Open Invoice	[ ] Credit Card [ ] Net 30 [ ] Pay on Statement [ ] Other

Name of Owners, Partners or Principals (Required)	Home Address	Social Security No.	Home Phone No.

♦ **Bank References:**

Bank Name	Address	Account No.	Contact	Telephone

Trade Reference	Address	Relationship	Contact	Telephone

♦ ***Authorized Officer Signature*** ** (Please check one) [ ] Owner, [ ] President, [ ] General Manager, [ ] Vice President, [ ] Treasurer, [ ] Partner*

I am an Authorized Officer of the Business (and the person whose information is provided above) with the authority to bind the Business listed above to the terms of this Agreement. The execution, delivery and performance of this Agreement have been duly authorized. I will provide the evidence of such authorization upon request. I understand that the Business and I are individually and jointly liable for paying charges on the Account according to the Terms and Conditions on the reverse side. I hereby certify all statements in this document are true and correct to the best of my knowledge.

X _____

Signature Title

_____

Printed Name Date

- The Authorized Officer must be 18 years of age or older.

- By signing this Agreement and Application, I request on behalf of myself and the Business that Rally, Inc. establishes an Open Account. Both the Business and I shall be liable individually and jointly for all charges and balances on the Account. The Account established shall be used for business purposes and shall be governed by the Terms and Conditions hereunder specified and as they may be amended from time to time. Rally, Inc is authorized to investigate, obtain, and exchange credit reports about the Business and me from time to time. Information gathered about me or the Business may be used to determine eligibility for the Account and any renewal or extension of credit. If asked, Rally, Inc. will indicate whether a credit report has been obtained and the name and the address of the agency that supplied the report.

- If this application for an Account is approved, a specific credit line will be assigned based upon my credit report and/or the credit report of the business.

- * "*Practitioner*" as defined by Health and Safety Code Chapter 483:
    - A) a person licensed by:
        - (i) the Texas Medical Board, State Board of Dental Examiners, Texas Optometry Board, or State Board of Veterinary Medical Examiners to prescribe and administer dangerous drugs; or
        - (ii) the Texas Department of Licensing and Regulation, with respect to podiatry, to prescribe and administer dangerous drugs;
    - (B) a person licensed by another state in a health field in which, under the laws of this state, a licensee may legally prescribe dangerous drugs;
    - (C) a person licensed in Canada or Mexico in a health field in which, under the laws of this state, a licensee may legally prescribe dangerous drugs; or
    - (D) an advanced practice registered nurse or physician assistant to whom a physician has delegated the authority to prescribe or order a drug or device via a signed Prescriptive Authority Agreement

Rally Inc.

Your Medical Supply Provider

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