



# CANTRELL DRUG COMPANY

## New Account Application

This application may be faxed to us at: (501) 666-8962, Attn: Christen  
Please include a copy of the prescribing physician or clinic's DEA license

Business Name: \_\_\_\_\_ Tax ID/SS: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Online Order Username: \_\_\_\_\_ Password: \_\_\_\_\_  
At least 3 characters long 5-8 characters long, different than username

Cantrell Drug Account Terms  
All payments are due **30 days** from date of invoice.  
All customers will receive a monthly statement of open invoices.  
Payments should be mailed to:  
Cantrell Drug Company, Attn Accounts Receivable  
7524 Cantrell Road  
Little Rock, AR 72207

Payment Method:  
**Standard method: Payment upon invoice receipt**  
Credit Card  MasterCard  Visa  American Express  Discover  
Card # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Authorized Cardholder's Signature: \_\_\_\_\_

The person signing this New Account Application agrees that the above information is accurate and hereby agrees to the following terms and conditions:

1. The undersigned affirms that they have complete authority to sign this application and obligate the business to the terms and conditions disclosed within.
2. The undersigned affirms that all information disclosed is accurate and current.
3. The undersigned agrees to notify Cantrell Drug Company of any changes in the information disclosed in a timely manner.
4. The undersigned recognizes that Cantrell Drug Company may limit or discontinue credit to this business at the discretion of Cantrell Drug Company.
5. The undersigned agrees that if any balance exceeds the payment terms, the account will accrue late charges. If necessary to take legal action, the undersigned agrees to reimburse Cantrell Drug Company for any costs of collection incurred in efforts to collect any past due balance, including but not limited to attorney fees and court costs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_