



Make AndaMEDS a part of your distribution solution.



Get Started Today!

To get your AndaMEDS account set up we will need you to complete the following:

- 1. Account Set-Up Form**
- 2. Credit Application**
- 3. W-9 Form**
- 4. Letter of Responsibility** (If applicable)
- 5. Purchasing Group Designation Form** (If applicable)



If you prefer, you can contact one of our friendly, dedicated support representatives who can help you get set-up.

Call us at 1-855-772-2879 today!

Monday – Friday from 9:00 a.m. to 7:00 p.m. ET



We look forward to providing you with the flexible and reliable distribution services needed to support your pharmacy and patients.



Account Set-Up



Questions? Contact one of our dedicated sales representatives today!

1-855-772-2879 | www.andameds.com | 1-800-989-0700

Billing Information

LEGAL NAME TAX ID (EIN) #

BILLING ADDRESS DBA

SUITE / BUILDING CITY STATE 9-DIGIT ZIP CODE -

PHONE # ALT. PHONE #

FAX #

EMAIL

OWNER'S NAME

A.P. CONTACT NAME

A.P. CONTACT PHONE # A.P. CONTACT FAX #

A.P. CONTACT EMAIL

AUTHORIZED PURCHASER AUTHORIZED PURCHASER'S TITLE

PHONE # FAX #

EMAIL

PREFERRED METHOD OF RECEIVING STATEMENT Email Fax

Shipping Information

PHYSICIAN/CLINIC NAME NPI #

DBA HIN # DEA #

SHIPPING ADDRESS SUITE/BUILDING

CITY STATE 9-DIGIT ZIP CODE -

PHONE # ALT. PHONE #

FAX # EMAIL

ARE YOU SALES TAX EXEMPT? Yes No

IF YES, PLEASE ENSURE YOU PROVIDE A COPY OF YOUR TAX EXEMPT STATUS.

Customer Insights

ARE YOU A 340B ENTITY? Yes No

If yes, please provide 340B ID #:

ARE YOU AFFILIATED WITH A BUYING GROUP? Yes No

If yes, please indicate which one:

ARE YOU AFFILIATED WITH OR OWNED BY A HEALTH SYSTEM? Yes No

If yes, please indicate which ones:

CLASS OF TRADE

Clinic Physician Retail Other:

WHAT IS YOUR SPECIALTY?

WHAT IS YOUR TOTAL MONTHLY SPEND FOR VACCINES?

WHAT IS YOUR TOTAL MONTHLY SPEND FOR GENERIC INJECTABLES?

WHAT IS YOUR TOTAL MONTHLY SPEND FOR MEDICAL/SURGICAL SUPPLIES?

ARE YOU PURCHASING DIRECTLY FROM ANY MANUFACTURER? Yes No

WHO IS YOUR PRIMARY DISTRIBUTOR?

HOURS OF OPERATION

| | | | | | |
|-----|----------------------|-----|----------------------|-----|----------------------|
| MON | <input type="text"/> | TUE | <input type="text"/> | WED | <input type="text"/> |
| THU | <input type="text"/> | FRI | <input type="text"/> | SAT | <input type="text"/> |

Please attach copies of the following documents

1. State license
2. Federal DEA and/or HIN certificate
3. Sales tax exemption certificate
4. W-9 form

INFORMATION OF PERSON COMPLETING THIS FORM

NAME

TITLE OF PERSON COMPLETING FORM

SIGNATURE DATE

ANDAMEDS SALES REPRESENTATIVE



**Fax signed form to
1-800-989-0700**

The information and signature provided above will only be used to set-up your AndaMEDS account.

Any recipient of this fax may request that Anda, Inc. not send any future advertisements to this or other specified telephone facsimile machines. To make such a request, please fax the request to 954-217-4395 or e-mail your request to faxoptout@andanet.com • Your request must identify the telephone number of each facsimile machine to which the request relates • Once you opt out you will stop receiving any and all fax advertising materials to the facsimile number(s) you have registered • Your request will no longer be valid if, after your request is made, you provide express invitation or consent to Anda, Inc. to send advertisements to you at the identified facsimile numbers • Any failure to honor your request within 30 days is unlawful.



The Credit Agreement/Application

Please return completed form to: E-MAIL: creditapps@andanet.com | FAX: (866) 512 3187

| | | | |
|---|----------------------------|--|------------------------|
| Customer Legal Name (hereinafter "Customer") | | Website Address | Federal Tax ID |
| Legal Name Address (Main Office) | | Trade or DBA Name | |
| Contact Name | Title | Phone | |
| Billing/Statement Address (if different than Main Office) | | Customer agrees to receive invoices and statements by one of the methods below: STATEMENT AND INVOICE DELIVERY: <input type="radio"/> E-Mail <input type="radio"/> Fax | |
| Accounts Payable Contact Person | Accounts Payable Telephone | Accounts Payable Fax | Accounts Payable Email |

SHIPPING INFORMATION

| | | | |
|-----------------|----------|-----------------------------|---------------------|
| Ship to Address | \$ _____ | Estimated monthly Purchases | Number of Employees |
|-----------------|----------|-----------------------------|---------------------|

OWNERSHIP TYPE: Corporation Partnership Individual LLC Proprietorship Other _____

| | | |
|---|-------------------------------|---------------------------|
| Principal Owner(s) or Stockholder(s) | % Ownership | Social Security Number(s) |
| Controlling Entity Name (if applicable) | Address of Controlling Entity | Phone |

Additional Information Required: Previous 2 years Annual Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement and Notes to the Financial Statements if applicable)

REFERENCES

| | | |
|------------------------------|----------------|----------------|
| Trade Reference #1 | Account # | Monthly Volume |
| Address | | Phone # |
| Trade Reference #2 | Account # | Monthly Volume |
| Address | | Phone # |
| Financial Institution | Account Number | Contact Name |
| Address | | Phone # |
| | | Fax # |

This Application for/ Credit Agreement ("Agreement") is submitted to Anda, Inc., Anda #28 or one of its affiliates, subsidiaries or divisions, including but not limited to Andameds (collectively, "ANDA") for the purpose of obtaining credit and to govern the terms of any credit issued. The undersigned represents that all information contained herein is correct, and complete, and that ANDA may rely on such information in deciding to extend or discontinue credit. The undersigned agrees to provide ANDA with a sworn financial statement upon request. The undersigned agrees to notify ANDA immediately in writing of any change in the foregoing information including, without limitation, any change in the nature of the business, ownership, name, or location of the business or financial condition of the undersigned. The undersigned authorizes ANDA and any investigatory service engaged by ANDA to verify or otherwise investigate any information contained herein, or referenced listed, statements, reports, or other information obtained with respect to the undersigned from any other source ANDA deems appropriate. The undersigned agrees to release all persons, companies, or corporations using or supplying information, including ANDA, from any claims and/or losses that may result there from. The undersigned agrees to pay all invoices owing to ANDA in a timely manner in full and in accordance with the agreed upon terms of the sale as printed on each invoice. THE UNDERSIGNED ACKNOWLEDGES THAT ALL STATEMENTS SENT BY ANDA SHALL BE CONSIDERED TRUE AND CORRECT, UNLESS THE UNDERSIGNED CONTESTS THE ACCURACY OF ANY SUCH STATEMENT BY SENDING A WRITTEN INQUIRY WITHIN 30 DAYS OF THE DATE IT IS RECEIVED TO ANDA. The undersigned agrees that in the event such debts, accounts, or invoices are not paid when due (the "Obligations"), they will accrue late charges at the rate of 18% per annum or the maximum rate allowed by law, whichever is the lesser rate. The undersigned agrees to reimburse ANDA for any attorney fees, court cost, or collection agency fees ANDA may incur in its efforts to collect any past due amounts. ANDA reserves the right, in its sole discretion, to change a payment term, to limit total credit and/or suspend or discontinue the shipment of any orders to Customer if ANDA concludes that there has been a material adverse change in the Customer's financial condition or payment performance or customer has ceased, or is likely to cease, to meet ANDA'S credit requirements.

If this application for business credit is denied, applicant has the right to a written statement of the specific reasons for the denial. ANDA will send applicant a written statement of the specific reason(s) for the denial within thirty (30) days of receiving a request for a written statement. The Federal Equal Credit Opportunity Act and similar state laws prohibit creditors from discriminating against credit applicant on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, familial status, age (provided the applicant has the capacity to enter into a binding contract), handicapping condition of the applicant; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Undersigned has read the terms and conditions stated herein and agrees to all of those terms and conditions.

| | | | |
|--|------------|-------|------|
| Authorized Signature(Must be Officer, Partner or Owner) | Print Name | Title | Date |
|--|------------|-------|------|

Customer Legal Name

Trade or DBA Name

AUTHORIZATION FOR ACH PAYMENT (OPTIONAL)

Bank Name

Bank Transit ABA #

Bank Account Number

Bank Address

City

State

Zip

Bank Phone #

Authorized Contact Name

Phone #

Fax#

E-Mail

Alternate Contact Name

PLEASE ATTACH A COPY OF A VOIDED CHECK AND RETURN WITH CREDIT AGREEMENT/APPLICATION

Customer authorizes ANDA to initiate debit entries from Customer's account indicated above and Customer authorizes the financial institution named above (the "Institution"), to debit the same such account. Authority to initiate debit entries shall remain in full force and effect until ANDA and the Institution have received written notice from the applicant of its termination of such authorization. Customer acknowledges that it has a legal right to stop payment of a debit entry by notification to the Institution; provided, prior to such notification, Customer shall provide sufficient written notice to allow ANDA to take any necessary action to avoid disruption of payments from Customer.

Authorized Signature

Print Name

Title

Date

SECURITY AGREEMENT

Company, in consideration of the credit being extended to Company as well as any future credit described in this Agreement, agrees to pledge, assign, transfer, deliver and grant ANDA a security interest in, a lien upon, and a right of set off and/or recoupment against, any and all of its existing and future right, title and interest in Company's accounts receivable, proceeds thereof, and any other real and personal property of the Company as described in the relevant security agreement, and to execute any document required by ANDA to provide for such security interest, including but not limited to executing a separate security agreement in the form acceptable to ANDA. This security interest is granted to ANDA to secure the payment of the Obligations as well as any default interest or fees set forth herein as well as any other indebtedness Company owes ANDA as well as any future advances of credit including all renewals, extensions, and modifications of this Agreement.

GUARANTY, VENUE AND JURISDICTION

In consideration of credit being extended to Company by ANDA, the receipt and sufficiency of which is hereby acknowledged, and to induce ANDA to extend the credit herein, each individual below (each, a "Guarantor" and collectively, the "Guarantors"), jointly and severally, personally guaranties the full, prompt and complete payment and performance of Company under this Agreement. If ANDA elects to enforce its rights against less than all Guarantors, that election shall not release any Guarantor from his or her obligations under this Agreement. The compromise or release of any of the obligations of any of the other Guarantors or Company shall not serve to waive, alter or release any Guarantor's obligation under this Agreement. Each Guarantor agrees that this guaranty is an absolute, complete and continuing guaranty of performance and payment, and not of collection. Thus, ANDA may insist that any or all of the Guarantors pay immediately, and ANDA is not required to attempt to collect first from Company or any other party liable for the obligations under this Agreement. Each Guarantor waives presentation for payment, notice of non-payment, protest and notice of protest, demand for payments and diligence in bringing suit against any part hereto. No notice of indebtedness or of any extension of credit by ANDA to Company needs to be given. The terms of credit may be rearranged, extended and/or renewed without notice to any of the Guarantors. Each Guarantor represents, with Company, that all of the information submitted is true, complete and accurate. Each Guarantor agrees that should any payments to ANDA relating to this Agreement, in whole or in part, be invalidated, declared to be fraudulent or preferential, set aside and/or required to be repaid to a trustee, receiver or any other party under any bankruptcy act or code, state or federal law, common law or equitable doctrine, this guaranty shall remain in full force and effect (or be reinstated, as the case may be) until payment in full of any such amounts, which payment shall be due on demand. This guaranty, as well as all other provisions of this Agreement, shall be governed by Florida law. Each Guarantor agrees that any legal action or proceeding against him or her with respect to any of his or her obligations under this Agreement or guaranty may be brought exclusively in state or federal court located in Broward County, in the state of Florida. By the execution and delivery of this guaranty, each Guarantor submits to and accepts, with regard to any such action or proceeding, for himself and herself, and in respect of his or her property, generally and unconditionally, the jurisdiction of those courts. Each Guarantor waives any claim that Broward County is not a convenient forum or the proper venue for any such suit, action or proceeding. COMPANY AND EACH GUARANTOR HEREBY MUTUALLY, VOLUNTARILY, IRREVOCABLY AND UNCONDITIONALLY WAIVE FOR THE BENEFIT OF THE OTHER ANY RIGHT TO HAVE A JURY PARTICIPATE IN RESOLVING ANY DISPUTE, WHETHER SOUNDING IN CONTRACT, TORT, OR OTHERWISE, ARISING OUT OF, IN CONNECTION WITH, RELATED TO, OR INCIDENTAL TO THIS AGREEMENT, THE TRANSACTIONS RELATED THERETO OR THE RELATIONSHIP ESTABLISHED THEREBY. THIS PROVISION IS A MATERIAL INDUCEMENT TO ANDA TO ENTER INTO THIS TRANSACTION. IT SHALL NOT IN ANY WAY AFFECT, WAIVE, LIMIT, AMEND OR MODIFY ANDA'S ABILITY TO PURSUE ITS REMEDIES.

Name

Home Address

Date

Authorized Signature (Guarantor - Must be Officer, Partner or Owner)

Title

SSN #

Name

Home Address

Date

Authorized Signature (Guarantor - Must be Officer, Partner or Owner)

Title

SSN #

Please return completed form to: E-MAIL: creditapps@andanet.com | FAX: (866) 512 3187

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|---|---|---|
| Print or type. See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |
| | <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate | Exempt payee code (if any) _____ |
| | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. | Exemption from FATCA reporting code (if any) _____ |
| | <input type="checkbox"/> Other (see instructions) ▶ _____ (Applies to accounts maintained outside the U.S.) | |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| 6 City, state, and ZIP code | | |
| 7 List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| - | | | | - | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

LETTER OF RESPONSIBILITY



AndaMEDS

Attn: Accounts Receivables Department
2915 Weston Road | Weston, FL 33331

To whom it may concern,

Please note that _____ (BUSINESS NAME)
will be financially responsible for payment on all purchases made by the authorized buyer(s) and/or physician(s) listed below.

TAX I.D NUMBER _____

Pharmacy Name _____

AUTHORIZED PURCHASER(S) PLEASE PRINT

Name _____ Title _____

Phone # (_____) _____ Fax # (_____) _____

Email _____

Name _____ Title _____

Phone # (_____) _____ Fax # (_____) _____

Email _____

SHIPPING ADDRESS

Address _____

Suite/Building _____

City _____ State _____ Zip Code _____

Phone # (_____) _____ Secondary # (_____) _____

Fax # (_____) _____ Email _____

Sincerely,

Name _____ Title _____

PLEASE PRINT

Authorized Signature _____ Date _____

**Once completed and signed, please fax form to your AndaMEDS
sales representative at 1-800-989-0700.**

Sales Representative Name _____



Purchasing Group Designation

Company Legal Name _____
DBA Name (if different) _____
Street Address _____
City, ST, Zip _____ Phone _____
StateLicense # _____ DEA# _____ Tax ID _____

_____ (Customer) is a current member of, and hereby designates _____ as the Customer's purchasing organization and is therefore entitled to receive any membership benefits that have been agreed upon with Anda under this primary designation.

Effective date of purchasing group membership _____

Please select Customer's primary class of Trade:

- | | |
|--|---|
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Hospital - In-Patient |
| <input type="checkbox"/> Government - Federal | <input type="checkbox"/> Senior Living |
| <input type="checkbox"/> Mail Order | <input type="checkbox"/> Hospital - Out - Patient |
| <input type="checkbox"/> Government - State | <input type="checkbox"/> Specialty/Infusion |
| <input type="checkbox"/> Repackager | <input type="checkbox"/> LTC Pharmacy |
| <input type="checkbox"/> Student Health | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Chain-Non-Warehousing | <input type="checkbox"/> Chain-Warehousing |

Is Customer considered a closed door or alternate care pharmacy? Y___ N___

By indicating Y above, I attest that the aforementioned Customer facility does not dispense to conventional retail customers. If Customer has a change to their closed-door or alternate care pharmacy status, notification will be sent to Anda in writing within 30 days.

Monthly Volume _____ bed or script count _____

Confidentiality Agreement

All information relating to the respective business and financial affairs of the customer and Anda including but not limited to pricing and discounts, shall be kept in strict confidence by the other party hereto. The foregoing obligation does not apply to any information that has become publicly available, that is rightfully obtained from third parties who are not bound by any confidentiality requirement, or disclosures, which are required to be made under any state or federal law.

This designation shall supersede any and all previously executed Agreements with Anda, Inc. with respect to the subject matter hereof. Customer is permitted to change purchasing organization designation one time per quarter upon 30 days written notice to Anda.

I, the undersigned hereby confirm that I am the legal owner of the abovementioned practice, or that I am authorized to act on behalf of the legal owner of the abovementioned practice.

Signature
Printed Name _____
Title _____
Date _____

Please fax signed form to (954) 217-4138