

Payment Terms & Method

Credit lines up to \$25,000



SmartSource is a business unit of AmerisourceBergen Drug Corporation, a national distributor of generic, branded and OTC pharmaceuticals. We provide unparalleled access to affordable products that help you deliver the highest quality care to your patients. Welcome to the SmartSource family.

Account Information

Name of Applicant (Business Legal Name)		D/B/A (if doing business under a different name)		
Address		City	State	Zip
Email		SmartSource Account # (if available)		
Phone #	Fax #	Referred By (Pharmacy Name/Account #)		

Ownership

Owner's Name			Owner's Name		
Address		City	Address		City
State	Zip	% Ownership	State	Zip	% Ownership

To select and authorize payment terms and method, please complete sections 1-5 below.

Section 1: Select request type: New Payment Terms Change Current Payment Terms

Payment Terms: Monthly, Net 10 Days Purchases invoiced from the 1st through the end of the month are due by the 10th of the next month.

AmerisourceBergen Drug Corporation ("ABDC") may change available payment terms from time to time. ABDC may adjust Price of Goods for different payment terms to reflect ABDC cost of funds and any resulting credit risk. Subject to credit approval, Applicant may request changes to payment terms upon thirty (30) days written notice prior to the beginning of a calendar month.

If payment is delinquent, ABDC may, in addition to ABDC's right to exercise other remedies, withhold any credits or payments to Applicant, assess a per-day late payment fee of the lower of 0.05% (18%/360) or the maximum rate permitted by law on the outstanding balances until paid, beginning on the first (1st) business day after such due date, and may invoice a \$50 processing fee for any dishonored payment.

I have read and agree to the terms specified above. By my signature below, I certify that all information provided is true and complete and intending to be legally bound hereby request the payment terms indicated above on behalf of Applicant.

Section 2: Select authorization type: Initiate New Change Current Discontinue

Section 3: Select payment method by checking the appropriate box below and completing the required information

Credit Card Authorization

Please enter credit card information directly into SmartSourceRx.com ordering platform after receiving login credentials.

EFT Authorization for Pre-Arranged Payments

EFT enables you to automatically pay your monthly statement on the statement due date from your bank account. *To initiate or change automated bank payments, please provide bank account information in the below section and authorize by signing below.*

Biller Direct

Biller Direct enables you to pay specific invoices on the date you select from your bank account using our portal. *To initiate or change Applicant-initiated payments authorized via our Biller Direct portal available on the SmartSourceRx.com ordering platform, please provide bank account information in the below section and authorize by signing below.*

Section 4: Provide Bank Account Information for EFT and Biller Direct Methods Only.

Please attach either 1) a voided blank check OR 2) a letter on bank letterhead validating the following information: company name, bank account #, and transit routing #. All payments must be received for deposit to SmartSource account by the due date.

Name on Account	Bank Name		
Bank Address	City	State	Zip
Account #	Bank Transit Routing #		

Section 5: Authorize Payment Method.

By my signature below, I hereby authorize ABDC to initiate debit entries against the bank account and the financial institution indicated above ("Bank") to debit the same to such account per the above payment terms. I agree to notify and/or authorize my Bank to accept future EFT or Biller Direct withdrawals from ABDC. In order to validate my account, I hereby authorize ABDC to withdraw a penny debit amount before any funds may be withdrawn from my account. This authorization will continue in effect until it is revoked by my written notice to ABDC at EFT@SmartSourceRx.com. Any such notification to ABDC shall be effective only with respect to entries initiated by ABDC after receipt of notification and a reasonable opportunity to act upon it. Any such notification to Bank shall be effective only with respect to entries debited to my (our) account by Bank after receipt of such notification and a reasonable time to act upon it.

Authorized Signature

Print Name	Title	Date
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Please email completed form to your sales representative or SalesAdmin@SmartSourceRx.com

Multi-State Sales Tax Exemption Certificate



The undersigned Purchaser hereby certifies that it is licensed under the laws of the state(s) below, and holds the sales tax license or registration numbers there enumerated, and that for all tangible property purchased from, AmerisourceBergen Drug Corporation, 1300 Morris Dr, Chesterbrook, PA 19087 (Seller), the Purchaser is exempt from sales and/or use tax for the following reason: *resale in the regular course of business.*

Purchaser is principally engaged in the business of *pharmacy and drug store.*

The merchandise purchased from Seller is *pharmaceuticals, medical supplies and health and beauty care related products.*

This certificate shall be part of each order given by Purchaser from and after the effective date hereof, unless such order shall otherwise specify. This certificate shall continue in full force and effect unless and until revoked in writing by Purchaser. Purchaser understands and agrees that if it uses any property purchased tax free under this certificate in a manner that would not exempt the sale from tax, it becomes the user or consumer of such property, and as such, assumes liability for any tax, penalty and interest thereon.

Under penalty of perjury, I swear that I am authorized to make the representations contained herein and that the information on this form is true and correct as to every material matter.

Name of Purchaser (Business Legal Name)

Authorized Signature

Name of Authorized Representative

Title

Date

Address

City

State

Zip

This certificate is only valid as to the states indicated for which exemption or resale numbers are entered. Purchaser will be billed the appropriate state tax for all other jurisdictions.

Multi-State Sales Tax Exemption Certificate



Name of Purchaser (Business Legal Name)

Enter tax exemption or resale number for applicable states.
Note that FL, LA, and WA must submit state issued certificates.

Alabama		Kentucky		North Dakota	
Alaska	No sales tax	Louisiana	Please submit state certificate	Ohio	
Arizona		Maine		Oklahoma	
Arkansas		Maryland		Oregon	No sales tax
California		Massachusetts		Pennsylvania	
Colorado		Michigan		Rhode Island	
Connecticut		Minnesota		South Carolina	
Delaware	No sales tax	Mississippi		South Dakota	
Dist. of Columbia		Missouri		Tennessee	
Florida	Please submit state certificate	Montana	No sales tax	Texas	
Georgia		Nebraska		Utah	
Hawaii		Nevada		Vermont	
Idaho		New Hampshire	No sales tax	Virginia	
Illinois		New Jersey		Washington	Please submit state certificate
Indiana		New Mexico		Wisconsin	
Iowa		New York		West Virginia	
Kansas		North Carolina		Wyoming	