

# Authorized Rx-Pad DISTRIBUTOR APPLICATION 2005/2006

(This box Pyramid's use only.)

Date Received	
Decision Date	
Owner Init.	

### Dealer Information

Company Name (Legal Entity)	
DBA (If applicable)	
Primary Principal's Full Name	
Accounts Payable Contact	Principal's Social Security Number
Mailing Address	
City	State Zip
Phone (Include Area Code) Ext.	Fax (Include Area Code)
Primary E-mail Address	Web Site Address (URL) www.

Please Complete both the Business Information and RxPad policy section completely or your application will be delayed.

**Please list any manufacturer(s) that list your distributorship as an authorized distributor of prescription products.**

### Business Status

Corporation    Partnership    Sole Proprietor

State of Inc.: \_\_\_\_\_ Date Established: \_\_\_\_\_

Federal Tax I.D. # State(s)	Tax Exempt Certificate(s) No. &
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Are you registered, as a foreign corporation, to conduct business in another state(s) in the US other than the one your corp. resides in? (If yes, which states)


<b>1. Company</b>	Account #
Address	
City	State Zip
Phone (Include Area Code)	Fax (Include Area Code)
For which states do they print pads for you?	
<b>2. Company</b>	Account #
Address	
City	State Zip
Phone (Include Area)	Fax (Include Area Code)
For which states do they print pads for you?	

Please list the states that you will be distributing standard and secure prescription pads below:

How will you be collecting the authorized prescriber's order information?  
 Website  
 Order Form  
 Telephone

(This box Pyramid's use only.)

Web Site Public Listing:  
 Board of Pharmacy Notification:  
 State Authorization Status:

After Filling Out Both Sides Of This Application,  
**Mail**  
 **Fax**

Pyramid Checks & Printing  
 208 Riverside Ind. Pkwy., Portland ME 04103  
**800.891.5707**

## **TAX EXEMPTION CERTIFICATION**

It is required by law that all manufacturers obtain sales tax certificates from all distributors reselling their products. If this form is not completed, we will be unable to process your orders. *Please include with this application a valid copy of your Sales Tax Exemption Certificate for the state that you operate in.*

**I certify that all products purchased from Pyramid Checks and Printing will be resold and therefore are not subject to sales tax.**

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Signature

Date

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Title

## **TERMS AND CONDITIONS OF RX PAD SALES**

Please note the following terms for RX pad authorized distributors:

- 1) Pyramid only offers horizontal pads in the pricing program at this time.
- 2) Security features are on the base stock and cannot be manipulated in the pricing program.
- 3) All pad imprints (black ink) may be customized to the extent that they do not violate regulatory or legal requirements as directed by each state's Legislature or Board of Pharmacy.
- 4) *We do not print secure pads for the state of New Jersey.* All others are covered in this program.
- 5) The distributor is responsible for collecting all required information as outlined on the Pyramid supplied order form. Orders will not begin processing until all information is received and validated with the proper state authorities. Distributor who provide fraudulent orders to Pyramid will undergo a three phase probationary period, which may result in revocation of authorized RX Pad distribution rights.
- 6) Standard delivery may take anywhere from 7 to 10 days in-plant depending on our ability to validate the prescriber's State & DEA license validity.
- 7) All pads must be shipped to one of three locations only; the imprinted address on the Rx pad or the address as listed on either the State or DEA license of record for the prescriber.
- 8) All distributor advertising must state that your distributorship is a licensed distributor of our Rx pad products to meet with varying state regulations.
- 9) Third party billing of shipping and third party dealer bug's are not permitted on this product line.
- 10) Signature verification of delivery is *required* for certain states (CA only at this time). An Additional 2.50 UPS charge will be added to your invoice for orders shipped to this state.
- 11) Pyramid reserves the right to change any aspect of the imprint prescription program to meet all changes in the regulatory environment for the Rx products.

I have read and understand the Terms & Conditions section of the current Pyramid Wholesale Price Guide and agree to abide by it.

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Signature

Date

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Title

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Signature

Date

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Title