

LYNDALE ENTERPRISES, INC.
dba
BELLAMY DRUG COMPANY
KING DRUG CO. of Florence, Inc.

Credit Application

To establish your account with us you must complete and mail this form. If information is given by phone and your first order is released, no future orders will be processed until we receive this signed credit form.

*** Background Information ***

** A copy of your DEA license must be submitted before any re-orders will be processed **

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ State Pharmacy License No. _____

DEA No. _____ Expiration Date: _____

DEA Schedules: _____ 2 _____ 2n _____ 3 _____ 3n _____ 4 _____ 5

Date Business Started: _____ Corporation _____ Partnership _____ Sole Prop. _____

Owner/Officer Name: _____ Title: _____

Owner/Officer Name: _____ Title: _____

Bookkeeper: _____ Manager: _____

Additional Comments/Other Store Ownership Details: _____

*** Credit Information ***

Bank Name: _____ Checking Acct. No.: _____

Address: _____ City: _____ St: _____

Bank Officer: _____ Phone: _____

Credit References	Address	Phone	Acct #
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1	_____	_____	_____
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2	_____	_____	_____
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3	_____	_____	_____
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By the signing of the credit application you acknowledge responsibility for payment by both your corporation, if any, and yourself individually. All invoices are due 10 days after the statement date. All past due accounts over 30 days will be assessed a 1.5% finance charge each month on the remaining balance. In case of default, you agree to pay all reasonable collection and/or attorney fees. All information stated above is correct to the best of your knowledge and you give permission for Bellamy Drug Company and/or King Drug Co. of Florence, Inc. to verify any or all of this information and for all third parties to release credit information to Bellamy Drug Company and/or King Drug Co. of Florence, Inc.

Signature: _____ Date: _____

*** FOR OFFICE USE ONLY ***

Credit Department _____ Rating: _____ Account No: _____