



160 Tower Drive
Burr Ridge, IL 60527-5720
(630)-655-4000
FAX # (630)-655-6315

Today's Date _____ Application Taken By _____

CREDIT APPLICATION

COMPANY INFORMATION

Legal Business Name _____

D/B/A Name _____

Company Name _____

Type of Ownership: Sole Proprietor Partnership Corporation Other State of Incorporation _____

Owner's Name _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Duns Number _____ Number of Years in Business _____

Years at this Address _____ Date Business came under control of present owner(s) ____/____/____

Type of Business: Pharmacy Home Health Hospital Other (list) _____

Estimated Monthly Sales Volume (Dik Drug) _\$ _____ Credit Line Requested (Dik Drug) _\$ _____

Estimated Monthly Sales Volume (DHC) _\$ _____ Credit Line Requested (DHC) _\$ _____

Billing/Statement Address _____

City _____ State _____ Zip _____

Billing Contact _____ Title _____

Phone _____ Fax _____

A/P Supervisor _____ Phone _____

LICENSING INFORMATION

******* ATTACH A COPY OF ACTUAL LICENSE/CERTIFICATE/LETTER*******

DEA License # _____ Exp. Date ____/____/____ 2 2N 3 3N 4 5

State Pharmacy License _____ Exp. Date ____/____/____

State Resale Tax # _____ Exp. Date ____/____/____

Sales Tax Exempt # _E_____ Exp. Date ____/____/____

National Provider Identifier (NPI) # _____

ILLINOIS CUSTOMERS MUST INCLUDE A SIGNED CRT 61; INDIANA CUSTOMERS MUST INCLUDE A SIGNED ST105, WISCONSIN CUSTOMERS MUST INCLUDE SIGNED S211 AS REQUIRED BY YOUR STATE FOR TAX PURPOSES.

The undersigned Dik Drug Co. representative acknowledges they have conducted a personal visit and site inspection to validate this pharmacies operation. It conducts business in the manner indicated in their response and completion of the Dik Drug Co. Customer Class of Trade Inquiry document.

Printed name _____ Signature _____ Date _____



Controlled Substances Act of 1970 (CSA)
Prescription Drug Marketing Act of 1987 (PDMA)

The Controlled Substances Act of 1970 requires non-practitioners to make good faith inquiries to determine whether persons are authorized to handle controlled substances and to monitor ordering practices to determine whether registrants are making excessive or unusual purchases. Suspicious orders must be reported to the local office of the Drug Enforcement Administration.

Also, effective December 1, 2006 the FDA was scheduled to implement final pedigree legislation as required in the Prescription Drug Marketing Act originally enacted in 1987. Currently a court issued injunction has delayed this implementation but preparation for the pending implementation is necessary.

Dik Drug Co. supports federal drug legislation and its intent to strengthen the safety of the pharmaceutical supply chain and minimize the impact of drug diversion and misuse.

To comply with the implementation of law it is necessary for Dik Drug to identify any customer engaged in the wholesale distribution of pharmaceutical products. To clarify, the definition of a wholesale distributor is as follows:

Anyone engaged in wholesale distribution of drugs, including: manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses(including manufacturers' and distributors' warehouses), chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions in the amount of at least 5% of gross sales.

Dik Drug is also interested in knowing whether customers are involved with some specific business practices: 1. Servicing an identifiable pain management medical practice 2. Compounding for hospitals or other businesses.

By identifying customers in this manner, Dik Drug can also use this information to assure, based on both federal and individual state laws, that it is in full compliance in supplying pedigree as per applicable law.

Please complete the included document and fax it to Customer Service at 630-321-0471.

Thank you for your cooperation.



Customer Class of Trade Inquiry

Account Name _____ Acct # _____

Supplier Relationships

- 1. Will you utilize Dik Drug Co. as your primary pharmaceutical supplier? YES NO
- 2. Please list your primary pharmaceutical supplier, if other than Dik Drug Co., and any additional supplier used to purchase controlled substances. Please note (N/A) if not applicable.

Controlled Substance Utilization

- 1. Do you service an identifiable pain management medical practice? YES NO
- 2. Are there particular practitioners who constitute most of the controlled prescriptions your pharmacy dispenses? If yes, please list these practitioners and their DEA registration number below. YES NO

<u>Practitioner</u>	<u>DEA #</u>
_____	_____
_____	_____
_____	_____

- 3. Of your total Rx purchases from Dik Drug, what % will be controlled substances (CII through V)? ____%
- 4. Of the controlled substance purchases, what % will be comprised of oxycodones, hydrocodones, and alprazolam? ____%
- 5a. Average number of prescriptions filled per day ____
- 5b. Of these, how many are for controlled substances? ____

Pharmacy Information

- 1. Does the pharmacy fill prescriptions for out of state patients? YES NO
If yes, please indicate overall ratio dispensed out of state. ____ %
- 2. Does the pharmacy have security guards on the premises? YES NO
- 3. Does your business maintain a pharmaceutical wholesale/distributor license? YES NO
- 4. Have you ever had a DEA registration suspended, revoked, or denied? YES* NO
- 5. Has any owner been convicted of a drug related felony? YES* NO

*If yes to any asterisked questions, please attach a separate explanation with supporting detail.

Acknowledgement

Please certify that you, under penalty of perjury, operate within the laws and rules of the governing state and the federal DEA as a licensed _____ (retail pharmacy, wholesale distributor) of pharmaceutical products and that the information included is true and correct. Further, the undersigned hereby certifies that it does not engage in "internet pharmacy" activity and is not affiliated with or knowingly participating in any "internet pharmacy" activity, and that it makes all reasonable efforts to ensure that its customers or sub-accounts are not engaged in any "internet pharmacy" activities.

Customer/Authorized Officer Signature _____

Printed Name _____

Date _____

Return to your business development manager or fax to Dik Drug Customer Service at **(630) 321-0471**.

Dik Drug Co. Representative Obtaining Documentation

Name: _____ Date: _____

It is the policy of Dik Drug Co. that no controlled substance purchases will be allowed until a personal site visit is conducted, the customer class of trade survey is completed, and the appropriate review of the DEA Compliance Committee has been completed.

It is further required that the licensee report any business changes or practices that would materially change any responses included in this inquiry.