



Form # bg0007

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Supersedes: 02/06

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Buffalo Grove, IL 60089
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CUSTOMER ACCOUNT AND CREDIT APPLICATION

1. DEA LICENSE # / STATE LICENSE # (REQUIRED): _____ 2. DEA / STATE LICENSE EXPIRATION DATE (REQUIRED): _____

****IMPORTANT! ATTACH COPIES OF REQUIRED FORMS (DEA CERTIFICATE AND/OR STATE LICENSE AND TAX EXEMPT FORM)****

3. BILL TO NAME / ADDRESS: _____ 4. SHIP TO NAME / ADDRESS: _____

City: _____ State: _____ Zip: _____ County: _____
 Phone: () _____ Fax: () _____ E-Mail Address: _____
 Purchasing Contact Name: _____ Accts. Payable Contact Name: _____

5. MEMBERSHIP:
If member of GPO or Buying Group, please identify membership: _____
Do you wish to have your Akorn purchases billed to your membership? Yes No

6. TYPE OF BUSINESS:
 Corporation Partnership Sole Proprietor (Social Security # _____ - _____ - _____) Other (Specify) _____

7. DEFINE OPERATION (CHECK ONLY ONE):
 Hospital or Hospital Pharmacy Surgery Center or Cataract Surgeon EMS (Emergency Medical Services) Retail Chain or Grocery
 Retail Pharmacy Research Facility or University Industrial (Poison Control Products Only) Urologist Rheumatologist
 Retinal Specialist Ophthalmologist (Not a Retinal Specialist) Optometrist
 Distributor (If Distributor, do you export? Yes No) Other (Please Specify): _____

8. PRINCIPALS:

NAME	POSITION	HOME ADDRESS	PHONE #
			()
			()

9. BANK REFERENCE:

Bank Name: _____ Account #: _____
Address: _____ Phone: () _____

10. TRADE REFERENCES (Minimum of 3):

NAME	ADDRESS	PHONE #	FAX #
		()	()
		()	()
		()	()

11. CREDIT LIMIT REQUESTED:

Credit Limit Needed: \$ _____ Need Monthly Statement? Yes No
 The undersigned agrees to pay any balance after thirty (30) days and all actual attorney fees and costs of collection: personally guarantees all payments and unconditionally waives the right to any amount paid pursuant to this provision. The undersigned hereby consents to the confirmation by company, and its divisions of the information contained herein and authorize Akorn Inc. to contact the undersigned bank and suppliers listed herein and obtain the necessary credit reports. Terms of sales have been fully explained and I understand that if an account is established, my credit line is subject to periodic review. Also, shipments may be held if my account is delinquent or exceeds my established line of credit. The undersigned authorizes company to take appropriate measure in verify the credit of the undersigned and releases company from any obligation while researching this information.

12. SIGNATURE:

Your Signature: _____ Title: _____ Date: _____

OFFICE USE ONLY

Credit Limit: \$	Date Approved:	Signature:	CR #
Terms:	Acct #	Sales Rep:	Discount:

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vmbip/downloads/agm/aca-form.pdf>