

ACCOUNT INFORMATION



Company Information

Company Legal Name _____

Doing Business As _____

Phone Number _____ Fax Number _____

Shipping Address _____ City, State, Zip _____

Billing Address _____ City, State, Zip _____

Website _____ Store Hours _____

Company Type _____

Type of Business _____ Year Business Established _____

Number of Employees _____ Annual Sales _____

Federal Tax ID _____ State of Incorporation _____

Owner or Corporate Officer Information

Name _____ Title _____

Home address _____ City, State, Zip _____

Phone Number _____ Social Security Number _____

Years as Owner _____ Percentage of Ownership _____

Bank References Information

Bank Name _____

Bank Contact Person _____ Bank Contact Number _____

Bank Address _____ City, State, Zip _____

Checking Account _____ Savings Account Number _____

Please Include

- DEA License
- State License
- Sellers Permit

If this is a newly acquired business, please provide a copy of power of attorney.

Upon Completion

Submit completed information.

Fax : 510.358.2784

Email : arj@arjpharma.com

Mail : 43290 Christy Street Fremont, CA 94538