



Make Anda a part of your distribution solution.



Get Started Today!

To get your Anda account set-up we will need you to complete the following:

- 1. Account Set-Up Form**
- 2. Credit Application**
- 3. W-9 Form**
- 4. Letter of Responsibility** (If applicable)
- 5. Purchasing Group Designation Form** (If applicable)



If you prefer, you can contact one of our friendly, dedicated support representatives who can help you get set-up.



Call us at 1-800-331-ANDA (2632) today!

Monday – Friday from 9:00 a.m. to 9:00 p.m. ET
Saturdays from 10:00 a.m. to 3:00 p.m. ET



We look forward to providing you with the flexible and reliable distribution services needed to support your pharmacy and patients.



Account Set-Up

Questions? Contact one of our dedicated sales representatives today!

1-800-331-2632 | www.andanet.com | 1-866-600-3860



Billing Information

LEGAL NAME TAX ID (EIN) #

BILLING ADDRESS DBA

SUITE / BUILDING CITY STATE 9-DIGIT ZIP CODE -

PHONE # ALT. PHONE #

FAX #

EMAIL

OWNER'S NAME

A.P. CONTACT NAME

A.P. CONTACT PHONE # A.P. CONTACT FAX #

A.P. CONTACT EMAIL

AUTHORIZED PURCHASER AUTHORIZED PURCHASER'S TITLE

PHONE # FAX #

EMAIL

PREFERRED METHOD OF RECEIVING STATEMENT Email Fax

Shipping Information

PHARMACY NAME NPI #

DBA HIN # DEA #

SHIPPING ADDRESS SUITE/BUILDING

CITY STATE 9-DIGIT ZIP CODE -

PHONE # ALT. PHONE #

FAX #

EMAIL

ARE YOU SALES TAX EXEMPT? Yes No

IF YES, PLEASE ENSURE YOU PROVIDE A COPY OF YOUR TAX EXEMPT STATUS.

Customer Insights

ARE YOU A 340B ENTITY? Yes No
If yes, please provide 340B ID #:

ARE YOU AFFILIATED WITH A BUYING GROUP? Yes No
If yes, please indicate which one:

ARE YOU AFFILIATED WITH OR OWNED BY A HEALTH SYSTEM? Yes No
If yes, please indicate which ones:

CLASS OF TRADE

Retail Pharmacy LTC Pharmacy Closed Door Student Health Facility Hospital Out-Patient Pharmacy

Specialty / Infusion LTC Pharmacy Open Door Government Facility Hospital In-Patient Pharmacy

Other:

WHO IS YOUR PRIMARY WHOLESALER? WHAT IS YOUR TOTAL MONTHLY GENERIC SPEND?

ARE YOU OBLIGATED TO SPEND A % OR \$ AMOUNT WITH YOUR PRIMARY WHOLESALER? Yes No HOW MUCH OF THAT IS SPENT WITH YOUR PRIMARY WHOLESALER?

WHAT IS YOUR AVERAGE MONTHLY GENERIC REBATE IN % OR \$ AMOUNT?

WHAT IS YOUR AVERAGE MONTHLY BRAND SPEND WITH YOUR PRIMARY WHOLESALER? WHAT ARE YOUR BRAND DISCOUNTS?

HOURS OF OPERATION

MON		TUE		WED	
THU		FRI		SAT	

DO YOU ACCEPT SATURDAY DELIVERY? Yes No

Please attach copies of the following documents

1. State license
2. Federal DEA and/or HIN certificate
3. Sales tax exemption certificate
4. W-9 form

INFORMATION OF PERSON COMPLETING THIS FORM

NAME

TITLE OF PERSON COMPLETING FORM

SIGNATURE DATE

ANDA SALES REPRESENTATIVE



**Fax signed form to
1-866-600-3860**

The information and signature provided above will only be used to set-up your Anda account.

Any recipient of this fax may request that Anda, Inc. not send any future advertisements to this or other specified telephone facsimile machines. To make such a request, please fax the request to 954-217-4395 or e-mail your request to faxoptout@andanet.com • Your request must identify the telephone number of each facsimile machine to which the request relates • Once you opt out you will stop receiving any and all fax advertising materials to the facsimile number(s) you have registered • Your request will no longer be valid if, after your request is made, you provide express invitation or consent to Anda, Inc. to send advertisements to you at the identified facsimile numbers • Any failure to honor your request within 30 days is unlawful.

Purchasing Group Designation



Company Legal Name _____
DBA Name (if different) _____
Street Address _____
City, ST, Zip _____ Phone _____
State License # _____ DEA# _____ Tax ID _____
Account # _____

_____ (Customer) is a current member of _____, and hereby designates _____ as the Customer's purchasing organization and is therefore entitled to receive any membership benefits that have been agreed upon with Anda, Inc. under this primary designation.

Effective date of purchasing group membership _____

Please select Customer's primary class of Trade:

- | | |
|--|--|
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Hospital- In-Patient |
| <input type="checkbox"/> Government- Federal | <input type="checkbox"/> Senior Living |
| <input type="checkbox"/> Mail Order | <input type="checkbox"/> Hospital- Out-Patient |
| <input type="checkbox"/> Government- State | <input type="checkbox"/> Specialty/Infusion |
| <input type="checkbox"/> Repackager | <input type="checkbox"/> LTC Pharmacy |
| <input type="checkbox"/> Student Health | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Chain-Non-Warehousing | <input type="checkbox"/> Chain-Warehousing |
| <input type="checkbox"/> ComboMed Pharmacy: Provide description: _____ | |

Is Customer considered a closed door or alternate care pharmacy? Y N

By indicating Y above, I attest that the aforementioned Customer facility does not dispense to conventional retail customers. If Customer has a change to their closed-door or alternate care pharmacy status, notification will be sent to Anda in writing within 30 days.

Monthly Volume _____ bed or script count _____

All information relating to the respective business and financial affairs of the Customer and Anda including but not limited to pricing and discounts, shall be kept in strict confidence by the other party hereto. The foregoing obligation does not apply to any information that has become publicly available, that is rightfully obtained from third parties who are not bound by any confidentiality requirement, or disclosures, which are required to be made under any state or federal law. This designation shall supersede any and all previous designations. Customer is permitted to change purchasing organization designation one time per quarter upon 30 days written notice to Anda. Discounts and rebates, if any, earned pursuant to this and any designation must be treated as discounts on the products on which the discounts and/or rebates are earned, and must be fully and accurately reported on all claims for payment filed with third party payors, including applicable Medicare, Medicaid and state agency cost reports, in accordance with all applicable federal and state laws and regulations (including but not limited to 42 U.S.C. 1320a-7b), and any applicable agreements. If Customer is a cost reporting entity, Customer shall report the amount of the rebates and discounts received pursuant to this Agreement on Medicare, Medicaid and all other federal health care program cost reports in the Customer fiscal year in which the rebate or discount is earned or the following year. Customer shall retain a copy of this Agreement and all other communications regarding this Agreement, together with the invoices for purchase and permit agents of the U.S. Department of Health and Human Services or any state agency access to such records upon request.

I, the undersigned hereby confirm that I am the legal owner of the above mentioned pharmacy, or that I am authorized to act on behalf of the legal owner of the abovementioned pharmacy.

Signature

Printed Name _____

Title _____

Date _____

Please fax signed form to (877) 307-1532



Customer Legal Name (hereinafter "Customer")	Website Address	Federal Tax ID
Legal Name Address (Main Office)	Trade or DBA Name	
Contact Name	Title	Phone
Billing/Statement Address (if different than Main Office)	Customer agrees to receive invoices and statements by one of the methods below: STATEMENT AND INVOICE DELIVERY: <input type="radio"/> E-Mail <input type="radio"/> Fax	
Accounts Payable Contact Person	Accounts Payable Telephone	Accounts Payable Fax
		Accounts Payable Email

SHIPPING INFORMATION

Ship to Address	\$ _____ Estimated monthly Purchases	Number of Employees
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OWNERSHIP TYPE: Corporation Partnership Individual LLC Proprietorship Other _____

Principal Owner(s) or Stockholder(s)	% Ownership	Social Security Number(s)
Controlling Entity Name (if applicable)	Address of Controlling Entity	Phone

Additional information Required: Previous 2 years Annual Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement and Notes to the Financial Statements if applicable)

REFERENCES

Trade Reference #1	Account #	Monthly Volume
Address		Phone #
Trade Reference #2	Account #	Monthly Volume
Address		Phone #
Financial Institution	Account Number	Contact Name
Address		Fax #

This Application for/ Credit Agreement ("Agreement") is submitted to Anda, Inc., and its affiliates, subsidiaries and divisions, including but not limited to Anda #28 and Andameds (collectively, "ANDA") for the purpose of obtaining credit and to govern the terms of any credit issued. The undersigned represents that all information contained herein is correct, and complete, and that ANDA may rely on such information in deciding to extend or discontinue credit. The undersigned agrees to provide ANDA with a sworn financial statement upon request. The undersigned agrees to notify ANDA immediately in writing of any change in the foregoing information including, without limitation, any change in the nature of the business, ownership, name, or location of the business or financial condition of the undersigned. The undersigned authorizes ANDA and any investigatory service engaged by ANDA to verify or otherwise investigate any information contained herein, or reference listed, statements, reports, or other information obtained with respect to the undersigned from any other source ANDA deems appropriate. The undersigned agrees to release all persons, companies, or corporations using or supplying information, including ANDA, from any claims and/or losses that may result there from. The undersigned agrees to pay all invoices owing to ANDA in a timely manner in full and in accordance with the agreed upon terms of the sale as printed on each invoice. THE UNDERSIGNED ACKNOWLEDGES THAT ALL STATEMENTS SENT BY ANDA SHALL BE CONSIDERED TRUE AND CORRECT, UNLESS THE UNDERSIGNED CONTESTS THE ACCURACY OF ANY SUCH STATEMENT BY SENDING A WRITTEN INQUIRY WITHIN 30 DAYS OF THE DATE IT IS RECEIVED TO ANDA. The undersigned agrees that in the event such debts, accounts, or invoices are not paid when due (the "Obligations"), they will accrue late charges at the rate of 18% per annum or the maximum rate allowed by law, whichever is the lesser rate. The undersigned agrees to reimburse ANDA for any attorney fees, court cost, or collection agency fees ANDA may incur in its efforts to collect any past due amounts. If a check or other form of payment is returned for Non-Sufficient Funds (NSF) Customer agrees to pay an additional \$25.00 (Twenty-Five Dollar) charge for each returned item. Customer further understands and agrees that Customer's account with ANDA will be frozen in such event, and that pending orders will not be filled, and Customer will not be able to place new orders, until a replacement payment and the referenced NSF charge is paid to ANDA in good and available funds.

ANDA reserves the right, in its sole discretion, to change a payment term, to limit total credit and/or suspend or discontinue the shipment of any orders to Customer if ANDA concludes that there has been a material adverse change in the Customer's financial condition or payment performance or customer has ceased, or is likely to cease, to meet ANDA'S credit requirements.

If this application for business credit is denied, applicant has the right to a written statement of the specific reasons for the denial. ANDA will send applicant a written statement of the specific reason(s) for the denial within thirty (30) days of receiving a request for a written statement. The Federal Equal Credit Opportunity Act and similar state laws prohibit creditors from discriminating against credit applicant on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, familial status, age (provided the applicant has the capacity to enter into a binding contract), handicapping condition of the applicant; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Undersigned has read the terms and conditions stated herein and agrees to all of those terms and conditions.

Authorized Signature (Must be Officer, Partner or Owner)	Print Name	Title	Date
Customer Legal Name	Trade or DBA Name		

AUTHORIZED FOR ACH PAYMENT (OPTIONAL)

_____ Bank Name		_____ Bank Transit ABA #		_____ Bank Account Number	
_____ Bank Address		_____ City	_____ State	_____ Zip	_____ Bank Phone #
_____ Authorized Contact Name		_____ Phone #		_____ Fax #	
_____ E-Mail		_____ Alternate Contact Name			

PLEASE ATTACH A COPY OF A VOIDED CHECK AND RETURN WITH CREDIT AGREEMENT/APPLICATION

Customer authorizes ANDA to initiate debit entries from Customer's account indicated above and Customer authorizes the financial institution named above (the "Institution"), to debit the same such account. Authority to initiate debit entries shall remain in full force and effect until ANDA and the Institution have received written notice from the applicant of its termination of such authorization. Customer acknowledges that it has a legal right to stop payment of a debit entry by notification to the Institution; provided, prior to such notification, Customer shall provide sufficient written notice to allow ANDA to take any necessary action to avoid disruption of payments from Customer. The amount and date of each such charge shall be reflected on the invoice received from ANDA unless a dispute with respect to such invoice is brought to the attention of ANDA, in writing within 3 business days from the receipt of goods. Customer understands that because these are electronic transactions, these funds may be withdrawn from Customer's account as soon as the above noted periodic transaction dates. If a ACH Transaction is rejected for Non-Sufficient Funds (NSF), Customer agrees to pay an additional \$25.00 (Twenty-Five Dollar) charge for each returned NSF item, which will be initiated as a separate transaction from the authorized payment. Customer further understands and agrees that Customer's account with ANDA will be frozen in such event, and that pending orders will not be filled, and Customer will not be able to place new orders, until a replacement payment and the referenced NSF charge is paid to ANDA in good and available funds.

_____ Authorized Signature	_____ Print Name	_____ Title	_____ Date
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SECURITY AGREEMENT

Company, in consideration of the credit being extended to Company as well as any future credit described in this Agreement, agrees to pledge, assign, transfer, deliver and grant ANDA a security interest in, a lien upon, and a right of set off and/or recoupment against, any and all of its existing and future right, title and interest in Company's accounts receivable, proceeds thereof, and any other real and personal property of the Company as described in the relevant security agreement, and to execute any document required by ANDA to provide for such security interest, including but not limited to executing a separate security agreement in the form acceptable to ANDA. This security interest is granted to ANDA to secure the payment of the Obligations as well as any default interest or fees, including without limitation NSF fees, set forth herein as well as any other indebtedness Company owes ANDA as well as any future advances of credit including all renewals, extensions, and modifications of this Agreement.

_____ Customer Signature	_____ Print Name	_____ Title	_____ Date
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GUARANTY

In consideration of credit being extended to Company by ANDA, the receipt and sufficiency of which is hereby acknowledged, and to induce ANDA to extend the credit herein, each individual below (each, a "Guarantor" and collectively, the "Guarantors"), jointly and severally, personally guaranties the full, prompt and complete payment and performance of Company under this Agreement. If ANDA elects to enforce its rights against less than all Guarantors, that election shall not release any Guarantor from his or her obligations under this Agreement. The compromise or release of any of the obligations of any of the other Guarantors or Company shall not serve to waive, alter or release any Guarantor's obligation under this Agreement. Each Guarantor agrees that this guaranty is an absolute, complete and continuing guaranty of performance and payment, and not of collection. Thus, ANDA may insist that any or all of the Guarantors pay immediately, and ANDA is not required to attempt to collect first from Company or any other party liable for the obligations under this Agreement. Each Guarantor waives presentation for payment, notice of non-payment, protest and notice of protest, demand for payments and diligence in bringing suit against any part hereto. No notice of indebtedness or of any extension of credit by ANDA to Company needs to be given. The terms of credit may be rearranged, extended and/or renewed without notice to any of the Guarantors. Each Guarantor represents, with Company, that all of the information submitted is true, complete and accurate. Each Guarantor agrees that should any payments to ANDA relating to this Agreement, in whole or in part, be invalidated, declared to be fraudulent or preferential, set aside and/or required to be repaid to a trustee, receiver or any other party under any bankruptcy act or code, state or federal law, common law or equitable doctrine, this guaranty shall remain in full force and effect (or be reinstated, as the case may be) until payment in full of any such amounts, which payment shall be due on demand.

VENUE AND JURISDICTION

This guaranty, as well as all other provisions of this Agreement, shall be governed by Florida law. Customer and each Guarantor agrees that any legal action or proceeding with respect to any their respective obligations under this Agreement or guaranty may be brought exclusively in state or federal court located in Broward County, in the state of Florida. By the execution and delivery of this guaranty, Customer and each Guarantor submits to and accepts, with regard to any such action or proceeding, generally and unconditionally, the jurisdiction of those courts. Customer and each Guarantor waive any claim that Broward County is not a convenient forum or the proper venue for any such suit, action or proceeding. CUSTOMER AND EACH GUARANTOR HEREBY MUTUALLY, VOLUNTARILY, IRREVOCABLY AND UNCONDITIONALLY WAIVE FOR THE BENEFIT OF THE OTHER ANY RIGHT TO HAVE A JURY PARTICIPATE IN RESOLVING ANY DISPUTE, WHETHER SOUNDING IN CONTRACT, TORT, OR OTHERWISE, ARISING OUT OF, IN CONNECTION WITH, RELATED TO, OR INCIDENTAL TO THIS AGREEMENT, THE TRANSACTIONS RELATED THERETO OR THE RELATIONSHIP ESTABLISHED THEREBY. THIS PROVISION IS A MATERIAL INDUCEMENT TO ANDA TO ENTER INTO THIS TRANSACTION. IT SHALL NOT IN ANY WAY AFFECT, WAIVE, LIMIT, AMEND OR MODIFY ANDA'S ABILITY TO PURSUE ITS REMEDIES.

_____ Authorized Signature of Customer	_____ Print Name	_____ Title	_____ Date
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_____ Name	_____ Home Address	_____ Date
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_____ Authorized Signature of Guarantor (Must be Officer, Partner or Owner)	_____ Title	_____ SSN #
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_____ Name	_____ Home Address	_____ Date
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_____ Authorized Signature of Guarantor (Must be Officer, Partner or Owner)	_____ Title	_____ SSN #
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Please return completed form to: E-MAIL: creditapps@andanet.com | FAX: (866) 512 3187

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

LETTER OF RESPONSIBILITY



Anda

Attn: Accounts Receivables Department

2915 Weston Road | Weston, FL 33331

To whom it may concern,

Please note that _____ (BUSINESS NAME)
will be financially responsible for payment on all purchases made by the authorized buyer(s) and/or physician(s) listed below.

TAX I.D NUMBER _____

Pharmacy Name _____

AUTHORIZED PURCHASER(S) PLEASE PRINT

Name _____ Title _____

Phone # _____ Fax # _____

Email _____

Name _____ Title _____

Phone # _____ Fax # _____

Email _____

SHIPPING ADDRESS

Address _____

Suite/Building _____

City _____ State _____ Zip Code _____

Phone # _____ Secondary # _____

Fax # _____ Email _____

Sincerely,

Name _____ Title _____

PLEASE PRINT

Authorized Signature _____ Date _____

Once completed and signed, please fax form to your Anda sales representative at 1-866-600-3860

Sales Representative Name _____
