New Customer Set-Up Form

1. Complete, sign, and return the New Customer Set-Up Form and Credit Application Terms & Conditions prior to the first order being shipped.

2. The completed New Customer Set-Up Form can be faxed, mailed, or emailed to:

Mailing Address: AnazaoHealth Corporation
5710 Hoover Boulevard
Tampa, FL 33634-5339

Fax: 800.985.4363 (Attn: Customer Service)

E-mail: Customerservice@anazaohealth.com

As a new customer, you will automatically be enrolled in our online ordering system www.myAnazao.com for e-commerce access which allows the prescriber or staff to place orders, add and edit patients, view status of orders, check on delivery status, run reports and view organization/physician/staff settings. If you wish to opt out of this enrollment, please check here. ☐

After the requested information is processed, you will receive a welcome package within 3-7 business days.

AnazaoHealth Corporation is authorized to provide nationwide services including the District of Columbia and has successfully developed a national presence by providing its customers with high-quality, innovative solutions that simplify and/or improve patient care. We look forward to building a long-term relationship with your company and thank you for your business. Please contact our Customer Service Department if you have any questions or concerns at 800.995.4363, Option 5.

Locations & Hours of Operation:

AnazaoHealth Corporation
503A Compounding Pharmacy
5710 Hoover Blvd.
Tampa, FL 33634
Monday – Friday
8:00 am – 8:30 pm EST

AnazaoHealth - Las Vegas
503B FDA-Registered Outsourcing Facility
7465 W. Sunset Road, Ste.1200
Las Vegas, NV 89113
Monday – Friday
8:00 am – 5:30 pm PST

Phone: 800.995.4363
Option 1 – Pain Management Pharmacy
Option 2 – Nuclear Medicine Pharmacy
Option 3 – Custom Pharmacy
Option 5 – Customer Service
Option 6 – Accounting

Fax Orders:
Corporate & Pain Management Pharmacy – 800.985.4363
Nuclear Medicine Pharmacy – 800.697.5250
Custom Pharmacy – 800.238.8239

AnazaoHealth®, Anazao®, Create, Heal, Live.®, and the Compass are registered trademarks of AnazaoHealth Corporation, © 2019.

AnazaoHealth® Corporation | Create, Heal, Live®

5710 Hoover Blvd.
Tampa, FL 33634

800.995.4363
800.985.4363

New Customer Set-Up Form

AnazaoHealth Corporation is HIPAA compliant. All information is kept strictly confidential.

CUSTOMER INFORMATION

Date___________________

Name of Business/Practice____

Address____

City, State, Zip code____

Phone_________________________________ Fax_______________________________________

Contact Person___________________________ Title_______________________________________

E-mail________________________________ Admin E-mail for myAnazao______________________

Type of Organization: Corporation____ Partnership____ LLC ____ Other _________________________

Date business established__________________ Estimate annual volume of business $______________

BILLING INFORMATION *(If different from above)*

Billing Address____

City, State, Zip____

A/P Contact__________________________________A/P Email __________________________________

A/P Phone___________________________________A/P Fax ____________________________________

SHIPPING INFORMATION (*Please use another sheet for multiple offices)*

Clinic/Hospital or Physician's office____

Address____

City, State, Zip____

Contact_____________________________________Dept.______________________________________

Phone______________________________________Ext__________Fax___________________________

Special Shipping instructions____

☐ CUSTOM ACCOUNTS

PHYSICIAN INFORMATION *(Please use another sheet for additional physicians)*

Physician Name____DEA #___________________________

Physician Name____DEA #___________________________

Physician Name____DEA #___________________________

☐ NUCLEAR MEDICINE ACCOUNTS ☐ CENTRAL FILL PHARMACY

RAM License #____

****** Note that all medications are compounded pursuant to the physician's prescription. *******

AH301-071719

AnazaoHealth®, Anazao®, Create, Heal, Live.®, and the Compass are registered trademarks of AnazaoHealth Corporation, © 2019.

AnazaoHealth®
Corporation | Create, Heal, Live.®

5710 Hoover Blvd.
Tampa, FL 33634
800.995.4363
800.985.4363

Credit Application, Terms & Conditions

If account is Credit Card Pay only, please skip to Payment Method

Name of Business________________________________ Date________________________________

Federal Tax ID#_______________________________________ Duns# ________________________

Bank Reference: Bank Name____________________________ Bank Account__________________

Bank Contact____ Phone________________________

BUSINESS REFERENCES: (LIST 3)

1. Company Name____________________________________ Account #_____________________

   Address____ Phone_____________________

   City, State, Zip code ____________________________________ Fax _______________________

2. Company Name ____________________________________ Account #_____________________

   Address____ Phone_____________________

   City, State, Zip code _____________________________________ Fax _______________________

3. Company Name ____________________________________ Account #_____________________

   Address____ Phone_____________________

   City, State, Zip code_____________________________________ Fax _______________________

Choice of Billing (Check all that apply):	**Payment Method** (Check one option below):
☐ Monthly Summary ☐ Invoice per order Credit Limit Requested $___________ ☐ PO # required on original order? Yes____No____ All customers will receive a month-end statement of open invoices	☐ Upon receipt of Invoice ☐ Credit Card (charged at time of order) *Your credit card is kept on file and a receipt will be sent stamped "paid."* ☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover
Payment Terms: All payments are **due 30 days** from date of invoice to: **AnazaoHealth Corporation,** **P. O. Box 850001, Orlando, FL 32885-0389**	Credit Card #____________________________Exp. Date _________ ____ Authorized Cardholder's Signature

The person(s) signing this Credit Application, Terms & Conditions form warrants that the above information is complete and accurate and hereby agrees to the following terms and conditions:

1. The undersigned agrees to immediately notify AnazaoHealth Corporation of any change in ownership, form or business name of the entity.
2. This document will be as effective in photocopy or fax form as in the original.
3. The undersigned acknowledges that AnazaoHealth Corporation may limit or discontinue credit at its sole discretion and that the continued extension of credit may require additional information from time to time.
4. The undersigned warrants that they have full authority to sign this agreement and obligate the entity hereunder.
5. The undersigned agrees that if all invoices are not paid when due, they will accrue late charges at the rate of 18% per annum or the maximum rate allowed by law, whichever is less. If it is necessary to take legal action, jurisdiction shall be the State of Florida and the venue shall be Hillsborough County, Florida. The undersigned agrees to reimburse AnazaoHealth Corporation for any attorney fees, court costs or other costs of collection which may be incurred in its efforts to collect any past due debts.
6. **There is a minimum compounding fee of $34.95 for sterile prescriptions and $29.95 for non-sterile prescriptions.**

______________________________________ ______________________________________
Signature *Date* *Signature* *Date*

______________________________________ ______________________________________
Signature *Date* *Signature* *Date*

AnazaoHealth®, Anazao®, Create, Heal, Live.®, and the Compass are registered trademarks of AnazaoHealth Corporation, © 2019.