

# NEW CUSTOMER PRE-APPLICATION

(Please print in block letters)-- If you have any questions, please contact [JOMCUSTOMERSERVICE@its.jnj.com](mailto:JOMCUSTOMERSERVICE@its.jnj.com)

\* Indicates required fields. If required fields are not filled out, application will be automatically rejected.

<b>Primary Class of Trade</b> *: <input type="radio"/> Wholesale <input type="radio"/> Retail Chain <input type="radio"/> Specialty <input type="radio"/> Home Health Care Provider <input type="radio"/> Other: <input style="width:150px;" type="text"/>			
<b>Business Type</b> *: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		<b>Ownership Type</b> : <input type="checkbox"/> Private <input type="checkbox"/> Public	
<b>Customer Information</b> *:			
<input style="width:300px;" type="text"/> Company Name	<input style="width:200px;" type="text"/> Website Address	<input style="width:200px;" type="text"/> Fax Number	
<input style="width:300px;" type="text"/> Address	<input style="width:200px;" type="text"/> City	<input style="width:100px;" type="text"/> State	<input style="width:100px;" type="text"/> Zip Code
<input style="width:300px;" type="text"/> Contact Name regarding questions about this application	<input style="width:200px;" type="text"/> Title	<input style="width:100px;" type="text"/> Phone	<input style="width:100px;" type="text"/> Email
<b>Sales Information</b> *:			
<input style="width:150px;" type="text"/> # of Years in Business	<input style="width:200px;" type="text"/> Currently sourcing JOM products from?	<input style="width:150px;" type="text"/> Total \$ purchased of JOM products within last 12 months?	<input style="width:200px;" type="text"/> Estimated Annual JOM Purchases \$\$
<b>Interested in Purchasing</b> * (Select One):		<b>Currently Purchasing</b> *:	
<input type="checkbox"/> Full JOM product line		<input type="checkbox"/> Full JOM product line	
<input type="checkbox"/> Specify: <input style="width:200px;" type="text"/>		<input type="checkbox"/> Specify: <input style="width:200px;" type="text"/>	
<b>Ship To Locations</b> *:			
<input type="checkbox"/> Single Site			
<input type="checkbox"/> Multi site, # of sites <input style="width:50px;" type="text"/>			
<b>For Distributors Only:</b>			
Does your company utilize a Suspicious Order Monitoring system?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
If yes, please provide JOM with a copy of the program and/or summary description of the process used to ensure proper monitoring of suspicious orders.			
<b>If approved, you will be required to complete a Post-Application form that JOM will send to you and to provide the following documents:</b>			
<input type="checkbox"/> Copy of DEA Registration <b>and</b> State Pharmacy License for each ship to location ordering from JOM			
<input type="checkbox"/> Copy of Tax Exemption Certificate(s)			
<input type="checkbox"/> Copy of Resale Certificate(s)			
<input type="checkbox"/> Annual Financial Statements for the past 2 years including Balance Sheet, Income Statement, & Cash Flow Statements			
<input type="checkbox"/> Copies of three most recent and consecutive primary supplier statements			
<b>Note: You may be required to provide yearly financial statements upon request.</b>			
<b>This section applies to all accounts with JOM Pharmaceutical Services, Inc. ("JOM")</b>			
This application is not a contract. Any sales resulting from this application will be subject to either the terms of any resulting contract between JOM and the Customer, or if no such contract exists to JOM's standard terms of sale posted at <a href="http://www.jom.com">www.jom.com</a> .			
<b>Signature</b> *			
The person signing this form represents that the information provided herein is complete and accurate. Further, if this form is signed electronically then the person signing acknowledges that their signature below is considered an Electronic Signature and therefore valid in accordance with the provisions of United States Law (15 US Code, CHAPTER 96).			
<b>AUTHORIZED SIGNATURE:</b> <input style="width:250px;" type="text"/>	<b>Title:</b> <input style="width:200px;" type="text"/>	<b>Date:</b> <input style="width:150px;" type="text"/>	
Please send completed application to <a href="mailto:JOMCUSTOMERSERVICE@its.jnj.com">JOMCUSTOMERSERVICE@its.jnj.com</a> or fax to 732-302-0425.			
If your application is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact <a href="mailto:JOMCUSTOMERSERVICE@its.jnj.com">JOMCUSTOMERSERVICE@its.jnj.com</a> or fax your request to 732-302-0425 within 60 days from the date you are notified of our decision.			