

Rebel Distributors Corp.

New Account Application

We DO NOT sell to individual consumers or non-licensed businesses.

We only sell to licensed Pharmacies, Physicians, Clinics, Surgery Centers, Wholesale Distributors and other licensed healthcare facilities.

If you would like to open an account, please fill out the application on the following pages and fax it back toll free to 866-732-3500 along with your DEA license, Pharmacy or Physician license and your resale permit. No cover sheet is needed. An Account Executive will contact you within 1 business day. If you have questions or need assistance please call us toll free at 866-REBELRX (866-732-3579) or 888-870-6880.



Rebel Distributors

31238 Via Colinas
Units C & D
Westlake Village, CA 91362

Phone: 866-732-3579
Fax: 866-732-3500
Email: sales@rebelrx.com

New Account / Credit Application

Please Print :

Company Name : _____

Contact Name : _____ **Title :** _____

Address : _____

City, State, Zip : _____

Phone : _____ **Fax :** _____

Pharmacy or Physician License # : _____ **Exp. Date :** _____

DEA # : _____ **Exp. Date :** _____

Federal Tax ID/SSN : _____ **NABP # :** _____

Resale Tax Permit # : _____

Trade References :

Primary Wholesaler : _____ **City :** _____

Secondary Wholesaler : _____ **City :** _____

Other Trade Reference : _____ **Ph# :** _____

Other Trade Reference : _____ **Ph# :** _____

We must have a copy of your DEA Registration, Board of Pharmacy License, Resale Tax Permit, City Business License and Drivers License (or Official Photo Identification) with this application

For extension of credit from Rebel Distributors, the undersigned Guarantor individually and unconditionally guarantees payment of all past, present and future indebtedness of the Company to Rebel Distributors. The signature below authorizes Rebel Distributors to conduct a credit check on the Company and/or the Guarantor.

Further, Guarantor waives any right to require Rebel Distributors to:

- A) First proceed against the Company
- B) Proceed against or exhaust any collateral of the Company
- C) Pursue any other remedy in Rebel Distributor's power

Signature of Guarantor

Printed Name of Guarantor

Social Security Number

Drivers License #

Exp.

Customer Survey:

So that we may tailor our service to better serve you needs, please take a moment to answer this short survey.

Who is your Primary Supplier?

Who is you Secondary Supplier?

What is your current Primary markup/upcharge?

What generic supplier(s) do you currently purchase from?

What brand of prescription containers do you use?

Do you dispense Schedule II product?

Are you a medical-surgical DME provider?
