

CUSTOMER AGREEMENT AND CREDIT APPLICATION

This application is to be completed by the Owner or Authorized Representative

1. Business name and tin number: .....
2. Address: .....
3. Website: ..... Email: .....
4. Phone Number: ..... Fax Number:.....
5. How many years has the pharmacy been in business? .....
6. Has the pharmacy ever operated under a different name? If yes name: .....
7. FDA license number.....
8. RDB legislation certificate: Please attach
9. Is this pharmacy affiliated with another pharmacy or website that allows orders to be placed over the internet? Yes.....
10. Name of Owner(s): .....
11. Name of pharmacist in charge (PIC): License.....
12. Number of year's owner has operated pharmacy: .....
13. is the Owner a licensed pharmacist or practitioner? .....
14. Bank name & account No: .....
15. Contact Person: .....
16. Telephone No.: .....

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING COMMERCIAL CREDIT AND IS WARRANTED TO BE TRUE AND CORRECT. IF KEYSOURCE OR ITS AGENTS CONSIDER A CREDIT REPORT RELEVANT AND NECESSARY TO ASSISTING THIS REQUEST FOR CREDIT, THE UNDERSIGNED AUTHORIZE KEY SOURCE OR ITS AGENTS TO OBTAIN FROM A CREDIT REPORTING AGENCY A CREDIT REPORT CONTAINING PERSONAL CREDIT INFORMATION ABOUT THE APPLICANT. THE UNDERSIGNED AUTHORIZES KEYSOURCE OR ITS AGENTS TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO THE APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY, AND PERSONALLY GUARANTEES PAYMENT. A COPY OF THIS APPLICATION SHALL BE DEEMED AS AN ORIGINAL.

AUTHORIZED NAME AND SIGNATURE: \_\_\_\_\_

(SIGNATURE APPROVES ATTACHED TERMS AND CONDITIONS)

DATE: \_\_\_\_\_

## TERMS AND CONDITIONS

**New Customers:** An application signed by the owner or authorized individual must be returned to and approved by afripharma.rw under Afrikart ltd

**Standard payment terms:** Net 30 Days

**Payment methods accepted:** Check, credit card or bank transfer with proof of payment

**Credit limit:** customers are normally granted a credit line sufficient to accommodate their ordering requirement. Request for credit limit increase may require additional financial information and /or altered payment terms

**Returned checks:** A fee Rwf 4% will be assessed per invoice. Also, accounts with returned checks will be placed on hold until payment by Credit card or 5 business days after check

**Shipping:** Shipping charges are to be paid by customer if minimum order threshold is not met.

**Standard shipping:** \$150 minimum orders shipped next day.

**Return policy:** Ability to return unmarked, unopened product purchased from afripharma.rw for up to 30 days from the date of the invoice. Exceptions include items sold as nonreturnable, shipping errors or damaged goods must be submitted and acknowledged by afripharma.rw within two (2) business days of receipt of shipment.

**Finance charge:** Accounts 30 days or more past due may incur a finance charge of 2.5% per month

**Past due accounts:** Accounts that are 30 days or more past due may be sent to collections. If your account is sent to collections you agree to pay all reasonable costs of collections to include, but not limited to, the following: Court costs and attorneys' fees. These fees will be in addition to the amount you owe and any interest owed. In addition, you agree to pay a processing fee of 100k Rwf on any account submitted by afripharma.rw to a collection agency or attorney for collection.

**Governing law:** This agreement shall be governed by the laws of Rwandan government.

**Forum selection clause:** Any dispute arising from this contractual relationship shall be decided solely and exclusively by courts in Rwanda. Any party who unsuccessfully challenges the enforceability of this forum selection clause shall reimburse prevailing party for its attorneys' fees and the party prevailing in any such dispute shall be awarded its attorneys' fees.

**Additional terms:** Terms of this credit agreement shall apply to all current and future charges. Credit privileges granted by afripharma.rw may be withdrawn at any time for any reason.

**Remittance address:**

- Afripharma.rw (Afrikart ltd)
- NYARUGENGE-KIGALI-RWANDA,
- +250788500266

AUTHORIZED NAME AND SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

AFRIPHARMA.RW AND SIGNATURE: \_\_\_\_\_