

Dear Valued Customer:

Thank you for your interest in U.S. Pharmacopeia.

Enclosed you will find the USP Credit Application, which should be returned to credit@usp.org, the address listed below or +1-301-998-6806 (fax) once completed and signed. In addition, please provide us with your state sales tax exemption form, if applicable, to avoid being charged state sales tax for products that will be shipped to any of these states: California, District of Columbia, Illinois, Maryland and Michigan.

If you are interested in receiving your invoices and/or statements via email or fax, please complete the attached form and return it with your completed credit application.

Please be reminded of the following:

1. Our credit terms are Net 30 days from the date of invoice.
2. Overdue accounts may bear a charge at the rate of one and one half percent per month.
3. Failure to comply with the terms and conditions may result in review of your account.
4. **Please send payments to the following remit to address.**

**U.S. Pharmacopeia
Attn: Accounts Receivable
12601 Twinbrook Parkway
Rockville, MD 20852-1790**

Please include your customer number and invoice or quote numbers with all payments. Customers remitting payment via wire transfer are responsible for all bank fees (including additional charges that may be assessed by interim transfer banks for international wires).

USP Headquarters

12601 Twinbrook Parkway
Rockville, MD 20852-1790 USA
+1-301-881-0666

Europe/Middle East/Africa

Münchensteinerstrasse 41
CH-4052 Basel, Switzerland
+41 (0)61 316 30 10

USP-India Private Limited

IKP Knowledge Park
Turkapally Village, Genome Valley
Shameerpet, Ranga Reddy District
Hyderabad 500 078, A.P., India
+91-40-4448-8888

USP-China

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Lane 67 Libing Road
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USP-Brazil

Avenida Ceci, 1600-Tamboré
Barueri-SP
06460-120, Brazil
+55-11-3245-6400

Should you need any additional information, please contact the Credit Department at +1-301-881-0666 ext. 8171.

Thank you in advance for your business; we look forward to working with you.



APPLICATION FOR CREDIT TERMS

Company Name: _____ USP Customer# _____
(if known)

Primary Bill-to Address: _____

D&B DUNS #: _____ Years in Business: _____
(U.S.) Tax Exempt #: _____ Years at Present Location: _____

Do you issue Purchase Orders (PO)?: _____yes _____no
Select Preferred Billing Currency: USD _____ EUR _____ GBP _____ CAD _____
Anticipated Annual Purchases from USP: _____ (In Selected Currency)

Company's Annual Revenue: _____ (Specify Currency)

Has present firm (or principal) ever done business under other names? yes (names) _____
no _____

Are you a Subsidiary or Division of another company? yes (name) _____
no _____

Bank Reference: _____ Account #: _____
Address: _____ Phone #: _____
Contact Person: _____

Credit References: List name, complete address, complete phone number

1 _____
2 _____
3 _____

****Please enclose a copy of your company's last two FYE financial statements to facilitate credit approval.****

Accounts Payable Name: _____ Title: _____
Phone #: _____ Email: _____
Purchasing Agent Name: _____ Title: _____
Phone #: _____ Email: _____

I hereby certify that the information on this application is correct, and permit USP to contact the references listed above to verify this information. I also agree to pay promptly in accordance with USP Payment Terms: net invoice amount due in 30 days (Net-30) from date of invoice.

Authorized Signature: _____ Date: _____
Print Name: _____
Title: _____

Return to: United States Pharmacopeia
Attn: Credit Department
12601 Twinbrook Parkway
Rockville, MD 20852

Fax: +1-301-998-6806
Email: credit@usp.org

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact USP's Credit Department in writing within 60 days from the date you are notified of our decision. We will send you a written statement or reasons for the denial within 30 days of receiving your written request for the statement.

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age; (provided the applicant has the capacity to enter into a binding contract); 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 concerning this credit is Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

NOTICE TO PURCHASERS RE VENDOR/SUPPLIER QUESTIONNAIRES:

Dear USP Customer or Other Interested Party:

USP establishes state-of-the-art documentary and reference standards to ensure quality medicines, food ingredients, and other health care products. Developed through a unique process of public involvement, setting standards is a core activity for USP. USP's documentary standards and reference standards are used by regulatory agencies and manufacturers of pharmaceuticals, over-the-counter drugs, dietary supplements, and food ingredients to ensure that these products are of the appropriate strength, quality, and purity.

USP's products include publications (such as the *United States Pharmacopeia-National Formulary*, and the *Food Chemicals Codex*) and more than 2,500 USP Reference Standards. USP Reference Standards are necessary in analytical testing to determine compliance (or noncompliance) with documentary standards.

Many purchasers of USP products submit vendor questionnaires to USP for completion. USP wishes to cooperate by providing all reasonably requested information, but as a world-wide supplier of products to customers in over 130 countries, USP does not typically complete individual questionnaires. We have therefore set out below information that is frequently requested, as well as identifying record numbers that will facilitate access to further information available from public records. Additional corporate information may be found at <http://www.usp.org/aboutUSP/>.

If you need additional information and are unable to find it through the resources provided here you may contact our customer service department. We appreciate your understanding and cooperation.

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Name of Organization: The United States Pharmacopeial Convention, Inc.

Type: Non-profit, 501(c)(3) corporation

Address of Principal Office: 12601 Twinbrook Parkway, Rockville, MD 20852

Telephone: 1-800-227-8772 (internationally contact 301-816-0666)

Fax: 301-816-8142

E-mail: custsvc@usp.org

State of Incorporation: District of Columbia (File No. 02333)

Also Registered in: Maryland (ID No. F00303776)

FEIN No.: 13-1656692

Dun & Bradstreet DUNS No.: 07-484-5140

Banker: JP Morgan Chase Bank, NA, 270 Park Avenue, New York NY

Current ISO certificates can be found at: <http://www.usp.org/aboutUSP/ISOcertified.html>

Dear Accounts Payable:

Our USP Accounts Receivable team is pleased to provide a more efficient way for you to receive your invoices and statements from us. In addition to sending invoices via mail, we are able to offer you the option of automatically receiving invoices and statements by e-mail or e-fax. These features are designed to reduce the amount of time it takes for our invoice(s) to reach you and better guarantee that invoices and statements are going to the correct place within your company.

Please complete the appropriate option below and return the form to us at: US Pharmacopeia, ATTN: Accounts Receivable, 12601 Twinbrook Parkway, Rockville MD, 20852, USA, or via FAX at +1-301-998-6806. If you do not wish to transition at this time you may also choose to do nothing and continue to receive paper invoices as usual. Please keep in mind that the contact information provided must be that of the A/P Department.

Please check one below

We would like to receive our invoices and statements by E-mail to this address:
Email address: _____

We would like to receive our invoices and statements by fax to this fax number:
AP Fax Number: _____

CUSTOMER NUMBER (if known): _____

Contact Name: _____ Title: _____

Signature: _____ Date: _____

Once this form has been received and your options updated, you will enjoy the benefits of no longer waiting for our invoices and statements through the mail.

With regards,

The USP Accounts Receivable Team

If you have questions, please contact the following:

For alphabet letters Numeric and A-D call +1-301-816-8353 e-mail bzh@usp.org

For alphabet letters E-I and T call +1-301-881-0666 ext. 8462 e-mail les@usp.org

For alphabet letters J-O call +1-301-816-8250 e-mail nxm@usp.org

For alphabet letters P-S call +1-301-230-6321 e-mail dzs@usp.org

For alphabet letters U-Z and Distributors call +1-301-816-8232 e-mail slp@usp.org

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CAD WIRE TRANSFERS

SWIFT BIC: CHASCATTCTS

Bank Name: JPMORGAN CHASE BANK, N.A., TORONTO BRANCH

Wire Clearing Code: 027000012

Beneficiary Account #: 4683001195

Beneficiary: THE UNITED STATES PHARMACOPEIAL CONVENTION
12601 Twinbrook Parkway, Rockville MD 20852

CAD ELECTRONIC FUND TRANSFERS (EFT/ACH)

Bank Name: JPMORGAN CHASE BANK, N.A., TORONTO BRANCH

EFT/ACH: Bank No. 270 – Transit No. 00012

Beneficiary: THE UNITED STATES PHARMACOPEIAL CONVENTION

Beneficiary Account #: 4683001195

Bank Address: 200 BAY STREET, STE 1800, TORONTO, ON M5J 2J2
CANADA

* IMPORTANT *

TO IDENTIFY YOUR PAYMENT PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR REMITTANCE:

- **Customer number**
- **Invoice number (Ex:INV1155663) or Quote number (Ex:Q377555)**

BANK FEES ARE THE RESPONSIBILITY OF THE CUSTOMER

NOTE: CAD payments can only be accepted via wire/electronic funds transfers or credit card.

FOR QUESTIONS PLEASE CONTACT:

Elhadj Mbaye - Accounts Receivable Coordinator

Tel: 301-816-8177 Fax: 301-998-6806 Email: em@usp.org

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EUR WIRE/ELECTRONIC FUNDS TRANSFERS

Bank Name: JPMORGAN CHASE BANK, N.A., LONDON BRANCH

Address: 1 CHASESIDE, BOURNEMOUTH, DORSET BH7 7DA UK

IBAN #: GB21CHAS60924241036398

Account #: 41036398

SWIFT Code: CHASGB2L

Beneficiary: THE UNITED STATES PHARMACOPEIAL CONVENTION

* IMPORTANT *

TO IDENTIFY YOUR PAYMENT PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR REMITTANCE:

- Customer number
- Invoice number (Ex:INV1155663) or Quote number (Ex:Q377555)

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BANK FEES ARE THE RESPONSIBILITY OF THE CUSTOMER

NOTE: EUR payments can only be accepted via wire/electronic funds transfers or credit card.

FOR QUESTIONS PLEASE CONTACT:

Elhadj Mbaye - Accounts Receivable Coordinator

Tel: 301-816-8177 Fax: 301-998-6806 Email: em@usp.org

GBP WIRE/ELECTRONIC FUNDS TRANSFERS

Bank Name: JPMORGAN CHASE BANK, N.A., LONDON BRANCH

Address: 1 CHASESIDE, BOURNEMOUTH, DORSET BH7 7DA UK

IBAN #: GB91CHAS60924241036399

Account #: 41036399

SWIFT Code: CHASGB2L

Sort Code: 60-92-42

Beneficiary: THE UNITED STATES PHARMACOPEIAL CONVENTION

* IMPORTANT *

TO IDENTIFY YOUR PAYMENT PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR REMITTANCE:

- Customer number
- Invoice number (Ex:INV1155663) or Quote number (Ex:Q377555)

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BANK FEES ARE THE RESPONSIBILITY OF THE CUSTOMER

NOTE: GBP payments can only be accepted via wire/electronic funds transfers or credit card.

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Tel: 301-816-8177 Fax: 301-998-6806 Email: em@usp.org

USD WIRE/ELECTRONIC FUNDS TRANSFERS

Bank Name: JPMORGAN CHASE BANK, N.A.

Address: 270 PARK AVENUE, NEW YORK, NY 10017 USA

ABA#: 021000021

Account #: 155852100

SWIFT Code: CHASUS33

Beneficiary: THE UNITED STATES PHARMACOPEIAL CONVENTION

* IMPORTANT *

TO IDENTIFY YOUR PAYMENT PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR REMITTANCE:

- Customer number
- Invoice number (Ex:INV1155663) or Quote number (Ex:Q377555)

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