

Dear Valued Customer:

Thank you for your interest in purchasing from The United States Pharmacopeia.

Enclosed you will find the USP Application For Credit Terms, which should be returned via email to [credit@usp.org](mailto:credit@usp.org), mailed to the address listed below or faxed to +1-301-998-6806 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 or 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 open account status.
4. **Please send check payments (USD drawn on a U.S. bank only) 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. Wire instructions are listed on each invoice or can be obtained upon request.**

Should you need any additional information, please contact the credit department at +1-301-881-0666 ext. 8171 or by email at [credit@usp.org](mailto:credit@usp.org).

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

**USP Headquarters**  
12601 Twinbrook Parkway  
Rockville, MD 20852, USA  
+1-301-881-0666 | [usp.org](http://usp.org)



**USP 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)

Requested Credit Line Amount:    \_\_\_\_\_ (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 (names) \_\_\_\_\_  
no

\*\*Please enclose a copy of your company's last two audited 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 I permit USP to contact the references listed above to verify account information. I also agree to pay promptly in accordance with USP Terms and Conditions of Sale and understand net invoice amount is 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 Credit Department in writing within 60 days from the date you are notified of our decision. We will send you a written statement of the reason(s) 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 the Federal Trade Commission, Equal Credit Opportunity, in Washington DC 20580.

