



U.S. Pharmacopeia  
The Standard of Quality<sup>SM</sup>

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 [jvt@usp.org](mailto:jvt@usp.org), the address listed below or 301-998-6806 (fax) once completed and signed. In addition, please provide us with your Maryland sales tax exemption form, if applicable, to avoid being charged state sales tax for products that will be shipped to the state of Maryland.

If you are interested in receiving your invoices and/or statements via email or fax, please complete the attached form and return it to the Accounts Receivable Department.

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).**

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

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

**Headquarters**  
12601 Twinbrook Parkway  
Rockville, Maryland 20852  
+1-301-881-0666

**Europe/Middle East/Africa**  
Münchensteinerstrasse 41  
CH-4052 Basel, Switzerland  
+41 (0)61 316 30 10

**USP-India Private Limited**  
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**USP-China**  
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Shanghai, 201203, China  
+86-21-51370600

**USP-Brazil**  
WTorre Technology Park  
Avenida Ceci, 1600  
Barverí  
São Paulo, Brasil



# APPLICATION FOR CREDIT TERMS with United States Pharmacopeia

Company Name: \_\_\_\_\_ USP Customer# \_\_\_\_\_  
(if known)

Primary Bill-to Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DUNS #: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
(US) Tax Exempt #: \_\_\_\_\_ Years at Present Location: \_\_\_\_\_

Do you issue Purchase Orders (PO)?: \_\_\_\_\_ yes \_\_\_\_\_ no Anticipated Annual Purchases from USP: \_\_\_\_\_ (USD)

Company's Annual Sales Volume: \_\_\_\_\_ (USD)

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.\*\***

**Contact Persons - at least one required**

**Accounts Payable - (person responsible for payments)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
email: \_\_\_\_\_  
Title: \_\_\_\_\_

**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: Credit Department, USP Fax: 301-998-6806 email: [jvt@usp.org](mailto:jvt@usp.org)  
12601 Twinbrook Parkway  
Rockville, MD 20852

A complete application will be processed within two business days.  
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.



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CUSTOMER NUMBER :

Dear Accounts Payable,

Our USP Accounts Receivable team is very excited about a new and more efficient way for you to receive your invoices and statements from us. We have worked with our IT Department to be able to offer you a choice of automatically receiving invoices and statements by e-mail *or* e-fax. These new 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: ATTN: Accounts Receivable, US Pharmacopeia, 12601 Twinbrook Parkway, Rockville MD, 20852, USA, OR via FAX at 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:  
E-mail address: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

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 Receivables Team

Questions?

For alphabet letters A-F call (301) 816-8537 e-mail [jxd@usp.org](mailto:jxd@usp.org)

For alphabet letters G-O call (301) 816-8250 e-mail [nxm@usp.org](mailto:nxm@usp.org)

For alphabet letters P-Z and Distributors call (301) 816-8232 e-mail [slp@usp.org](mailto:slp@usp.org)

**Headquarters**

12601 Twinbrook Parkway  
Rockville, Maryland 20852  
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**Europe/Middle East/Africa**

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+41 (0)61 316 30 10

**USP-India Private Limited**

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