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, 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.

United States Pharmacopeial
P.O Box 21845
New York, NY 10087-1845

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.

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

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 and U-V 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 W-Z and Distributors call +1-301-816-8232 e-mail slp@usp.org