



# RAYA PHARMACEUTICALS

Where Healthcare Demands are Met

115 KINGS BAY RD UNIT  
C KINGSLAND GA 31548  
Phone 800-467-1205

To establish your account please complete this form and email to [office@rayapharmaceuticals.com](mailto:office@rayapharmaceuticals.com). Please include a copy of all your State Licenses and DEA Certificate.

Business Legal Name: CareMax Pharmacy 725 LLC

DBA Pharmacy Name: CareMax Pharmacy

Type of Business(circle): 1. Pharmacy 2. Wholesaler/Mfg 3. Clinic 4. Hospital 5. Other \_\_\_\_\_

Billing Address: 5547 Normandy Blvd

City: Jacksonville State: FL Zip: 32205

Shipping Address: 5547 Normandy Blvd

City: Jacksonville State: FL Zip: 32205

Phone: 904-374-2692 Fax: 866-725-5332

Accounts Payable Contact: Ankur Panth Email: Caremax5547@gmail.com

State Pharmacy Lic#: PH 27627 DEA Lic#: FC 5193709

Buyer Name: Sandi Ghobrial Buyer Phone: 904-374-2692

GLN # 30189641

## CREDIT REFERENCE (Primary + any references you have done business with in last 6 months)

	Name	Contact	Phone #
Primary:	<u>Keysource</u>	<u>Sarah</u>	<u>513-725-0749</u>
Other:	<u>IPD Distributors</u>	<u>Brandy</u>	<u>336-553-2847</u>
Other:	<u>Smart Source</u>	<u>Amybe</u>	<u>805-815-2020</u>

## BANK REFERENCE (main bank you do business with)

Name: Uyestar Credit Union Phone#: 904-594-5415

Address: 7765 Normandy Blvd, Jax FL 32205 Acct#: 7504540726

By signing the account application, you acknowledge responsibility for payment by both your Corporation, if any, and yourself individually. All invoices are due by the 10th of each month and will be for purchases from the previous month. All past due accounts over 30days will be assessed an 1.5% finance charge each month. In case of default, you agree to pay all reasonable collection and or attorney fees. All information stated above is correct to the best of your knowledge and you give permission for Raya to verify any or all this information.

I consent to receive pedigree from Raya by email or by request. I consent to allowing Raya. to confidentially maintain the transaction information, transaction history and transaction statements which conforms under section 582 (d) (1) (A) (iii) of the FD&C Act.

Signature: Sandi Date: 10/24/24

Print Name: Sandi Ghobrial

Title: Pharmacist in Charge