

Letter of Financial Responsibility (LOFR)

The purpose of the Letter of Financial Responsibility (LOFR) is to set up multiple ship-to entities with the same billing location. Sign and return completed form along with a copy of a valid physician's license for each ship to location by email to accounts@paragarddirect.com or by fax to 1-469-365-8168.

Note: The financially responsible entity may send a LOFR on company letterhead, which provides the same information as the Paragard Direct™ LOFR (ship-to locations and bill-to information). It must be signed by an officer of the company or an individual who has the authority to enter into a financial agreement on behalf of the company.

Date: _____

Re: Letter of Financial Responsibility

Financially Responsible Entity Name – Parent

Individual or Legal Entity Responsible for Payment: _____

Doing Business As (if applicable): _____

Please accept this letter as notification that the above-named legal entity will accept financial responsibility for, and unconditionally guarantees the prompt payment of, all indebtedness or liabilities that may now or at any time hereafter be owed to Paragard Direct™ arising from shipment of product to the following site(s):

Ship-to Entity Name and Address #1 **340B Eligible?** Yes No **340B ID#** _____

Name of Ship-to Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____ Contact Fax: _____

Ship-to-Entity Name and Address #2 **340B Eligible?** Yes No **340B ID#** _____

Name of Ship-to Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____ Contact Fax: _____

All invoices should be sent to the following billing address:

Bill-to-Entity Name and Address

Name of Bill-to Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____ Contact Fax: _____

AUTHORIZED SIGNATURE REQUIRED

Authorized Agent/Officer for Legal Entity Responsible for Payment (Signature): _____

Authorized Agent/Officer (Print Name): _____

Title of Authorized Agent/Officer: _____ Date: _____



Submit completed form and supporting documents by email to accounts@paragarddirect.com or by fax to 1-469-365-8168.