

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
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Ship To: 4822 Madison Yards Way  
Madison, WI 53705  
E-Mail: [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
Website: <http://dps.wi.gov>

## PHARMACY EXAMINING BOARD

### IRREVOCABLE LETTER OF CREDIT OF PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR

<b>Name of Wholesale Distributor:</b> <input type="text"/>	
<b>Name of Issuing Bank:</b> <input type="text"/>	
<b>Address of Issuing Bank:</b> <input type="text"/>	
<b>Beneficiary:</b> State of Wisconsin/Wisconsin Department of Safety and Professional Services	
<b>Letter of Credit No.</b> <input type="text"/>	<b>Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>We hereby authorize you to draw on us for the account of</b> <input type="text"/>	
<b>up to an aggregate amount of <u>five thousand dollars (\$5000)</u>. Available by your draft(s) at sight to be accompanied by:</b> A written statement from the Wisconsin Department of Safety and Professional Services stating that evidence exists that the State has sustained a loss because of an act of the above named wholesale distributor of prescription drugs that resulted in unpaid fees or costs that relate to the issuance of a license under Wis. State Stat. § 450.071, that have not been paid within 30-days after the fees or costs have become final and therefore the Beneficiary is entitled to draw the amount of the accompanying draft under Letter of Credit No. listed above.	
<b>Special Instructions:</b> (Partial drawings permitted.)	
<b>All drafts must be marked as follows:</b>	
“ Drawn under letter of credit of <input type="text"/> (Name of Issuing Bank)	
<input type="text"/> (No.)	<input type="text"/> / <input type="text"/> / <input type="text"/> , (Dated)
<input type="text"/> / <input type="text"/> / <input type="text"/> (Expiration Date)	
<b>Name of Bank:</b> <input type="text"/>	
<b>Authorized Signature: (Print and Sign Form)</b> <input type="text"/>	