

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](http://license.wi.gov)
Email: dsps@wisconsin.gov
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PHARMACY EXAMINING BOARD

IRREVOCABLE LETTER OF CREDIT OF PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR

Name of Wholesale Distributor: <input type="text"/>	
Name of Issuing Bank: <input type="text"/>	
Address of Issuing Bank: <input type="text"/>	
Beneficiary: State of Wisconsin/Wisconsin Department of Safety and Professional Services	
Letter of Credit No. <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
We hereby authorize you to draw on us for the account of <input type="text"/>	
up to an aggregate amount of <u>five thousand dollars (\$5000)</u>. Available by your draft(s) at sight to be accompanied by: 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. 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.	
<u>Special Instructions:</u> (Partial drawings permitted.)	
<u>All drafts must be marked as follows:</u>	
“ 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)	
Name of Bank: <input type="text"/>	
Authorized Signature: (If unable to provide a digital signature print and sign form.) <input type="text"/>	