



Customer Application

Pharmacy Name: _____

Pharmacy Address: _____

City, State, Zip: _____

Pharmacy Owner: _____

Telephone Number: _____

Fax Number: _____

Preferred Email: _____

State License Number: _____

DEA Registration Number: _____

ATTACH A COPY OF THE PHARMACY'S STATE BOARD LICENSE, DEA REGISTRATION AND SALES TAX PERMIT (if applicable).

NOTE: All accounts must maintain a credit card on file in order to purchase products or services.

Credit Card Info: Visa American Express Master card Discover

Card Number _____ - _____ - _____ - _____

Expiration Date: (month/year) _____ / _____ 3 digit security code: _____

Name on card _____

Application completed by: (print) _____

Application completed by: (sign) _____