

New Client Information Sheet



Please include the following documents with your client application.

- Completed Client Information Sheet
- Copy of DEA Registration
- Copy of State Pharmacy Permit (If applicable)

Client Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Extension: _____ Fax: _____

Type of Business (e.g. LLC, PC, Corporation): _____

Owners Name: _____

Federal Tax ID #: _____

NPI Number: _____

Payment Terms

The cost of medication inventory and supplies is payable by Contracting Party for the medications and other items delivered by PPC to Contracting Party. Statements will be sent to Contracting Party each Friday and will contain all invoices created and sent to Contracting Party during the week of which the statement is being sent (Monday – Friday). Payment will be due the following Friday.

Reviewed and accepted by:

CONTRACTING PARTY:

PHYSICIANS' PHARMACEUTICAL CORPORATION:

Signature: _____

Signature: _____

Printed Name: _____

Title: _____

Accounts Payable Contact Info: _____