



PLEASE FAX TO: 1-732-608-5420 or E-mail:sales@spectrumRx.com

IF YOU NEED ASSISTANCE, PLEASE CONTACT CUSTOMER SERVICE AT: Spectrum Pharmacy – 1-800-370-6231

New Customer Information

Customer Number _____

Name of Organization _____

Owner/PIC _____

Bill To:

Address _____

City _____

County _____

State _____ Zip Code _____

Country _____

Main Telephone _____

Main Fax _____

A/P Telephone (if different) _____

A/P Fax (if different) _____

Web Address _____

Contact Name _____

Contact Telephone _____

Email Address _____

Ship To: (if different than bill to)

Name of Organization _____

Address _____

City _____

County _____

State _____ Zip Code _____

Country _____

Order Confirmation Preference Email Fax

Taxable State YES NO

Taxable Exempt Form Received YES NO

Credit Application Received YES NO

DEA License Received YES NO

Business/Pharmacy License Received YES NO

Business Type Code _____

Initial Contact Rep _____

Assigned Sales Rep _____

Nature of Business _____

Number of Employees _____

Years of Operation _____

Full or Partial Ownership of Another Pharmacy

YES NO

If Yes, Name of Pharmacy _____

How Many Compounded Preparations Do You

Average Per Day? 503A _____ 503b _____ Both _____

None 1-25 26-49 50 or more

What Type(s) of Compounding Do You Do?

bHRT Pain Management Pediatric/Geriatric

Sterile/Aseptic Veterinary Other _____

SCAR/Wound Haz Drugs

Non Sterile Cosmeceuticals

Interested in Compounding Education YES NO

Trade Publications Subscribed To _____

Current Chemical Supplier

PCCA Medisca Fagron

B&B LetCo Other _____

Wholesaler

Cardinal Amerisource Bergen McKesson

How Did You Hear About Spectrum? _____

Catalog Sent With Order YES NO

Additional Notes _____

Approved By _____ Date _____