

Fagron New Customer Form

International

Fax completed form to (800) 339 1596

Ship To (All International Orders must be paid via credit card)

Company: _____

Contact: _____

Address: _____

Attention: _____

State: _____ Province: _____ Territory: _____

Postal Code: _____ Country Code (if applicable): _____

Telephone: _____

Fax: _____

Pharmacy License #: _____

Other business related government issued permits or license information: _____

Please include a copy of:

1. Federal DEA Form 223

2. State Pharmacy License

3. Tax Exemption Certificate (If applicable)

4. State Controlled Substances License (if applicable)

E-mail address: _____

Website address: _____

Owner name: _____

Pharmacist-in-charge name: _____

Name(s) of person(s) responsible for ordering compounding chemicals and supplies: _____

Do you use Purchase Order Numbers? (please circle one) **YES** **NO**

New Customer Form Authorized Signature: _____ Date: _____

Print Name: _____

Prices are subject to change without notice.

Payment Terms: Net thirty (30) days. You may use Master Card, Visa, Discover, American Express, or COD (additional COD charge applies) on any order. **(First order must be paid by credit card.)**

Card Number: _____ Type: _____ Exp. Date: _____ / _____

Authorized Credit Card Signature: _____ Date: _____

Fagron makes no representation or warranty, expressed or implied, as to its material, except that same is of the quality and grade specified. Buyer warrants that it is responsible for using all chemicals, materials, and equipment purchased from Fagron in compliance with all applicable federal, state, and local laws and regulations.

