



415 Oser Ave, Unit S,
Hauppauge, NY-11788.
info@careliving.com
Phone: 1-888-811-9866
www.careliving.com

PHARMACY CUSTOMER ACCOUNT APPLICATION

COMPANY INFORMATION

Legal Company Name: _____

DBA Name (if any): _____

Type of Business: _____

Phone Number: _____

Email Address: _____

Receiving Hours: _____

NPI Number: _____

State Pharmacy License Number: _____

State of License: _____

Pharmacist-in-Charge (PIC) Name: _____

PIC License Number: _____

BILLING INFORMATION

Billing Address: _____

Accounts Payable Contact Name: _____

Accounts Payable Phone: _____

Accounts Payable Email: _____

SHIPPING INFORMATION

Shipping Address (if different from Billing Address):

CONTACTS

Purchasing Contact Name: _____

Purchasing Contact Phone: _____

Purchasing Contact Email: _____

LICENSING & REQUIRED DOCUMENTS

Pharmacy License Resale Certificate W-9 Other: _____

Pharmacy License Number: _____

License Expiration Date: _____

PAYMENT INFORMATION

Payment Terms: Net 15 Net 30 Net 60 Other: _____

Preferred Payment Method: ACH Wire Transfer Check Credit Card

AUTHORIZATION

Authorized Signature: _____

Name (Print): _____

Title: _____

Date: _____

415 Oser Ave, Unit S, Hauppauge, NY-11788.
info@careliving.com, Phone: 1-888-811-9866
www.careliving.com