



P: 855.428.3055 • F: 855.238.7079
11930 Kemper Springs Dr. Ste. 200
Cincinnati, OH 45240

ACCOUNT SET UP FORM

HHCRx and its affiliated companies (collectively referred to as "HHCRx")

(Please print in block letters)

BUSINESS INFORMATION

Type of Business:

Acute Primary Care Home Health Extended Long Term Pharmacy Hospital Pharmacy Federal State Retail LTC Specialty Center

Other - _____

Company Name: _____

Address (Main): _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

SHIPPING INFORMATION

Department: _____

Purchasing Contact: _____ **Email:** _____

Phone: _____ **Ext:** _____ **Fax:** _____

Street Address (if different than above): _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

HHCRx ships via UPS and shipping charges will be added to invoices unless otherwise requested.

Do you have a courier account you'd like us to use? Fedex UPS Account #: _____

BILLING INFORMATION

Accounts Payable Contact: _____

Phone: _____ **Ext:** _____ **Fax:** _____

Email: _____

Alt. Email: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

REQUIRED DOCUMENTATION - (address of license must match shipping address)

- State Pharmacy - Copy of State Pharmacy License
- Medical License - Copy of Medical Doctor/Physician License or Facility License
- Federal Facilities (Only) - Copy of DEA Registration

Authorized Signature: _____

Print Name: _____ **Title:** _____ **Date:** _____

(By signing, you represent that you have sufficient authority to execute this application on behalf of the applicant and bind the applicant to the terms hereof.)

Please send the completed form via email to Sales@HHCPharma.com.
If you have any questions/concerns call **855.428.3055**.