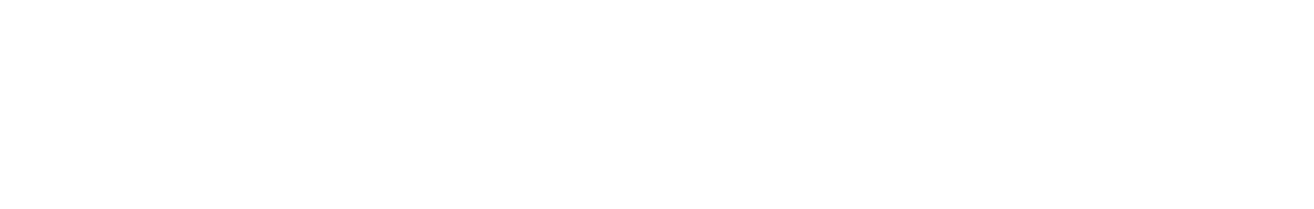
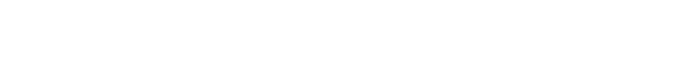
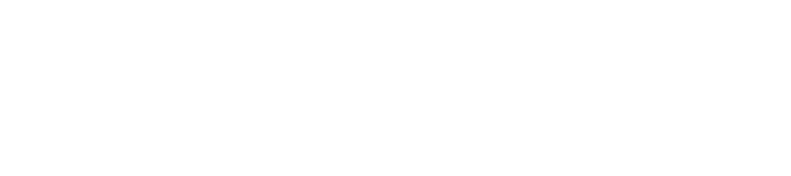
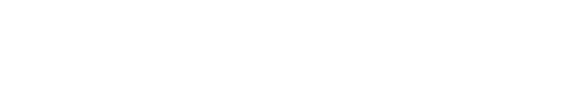
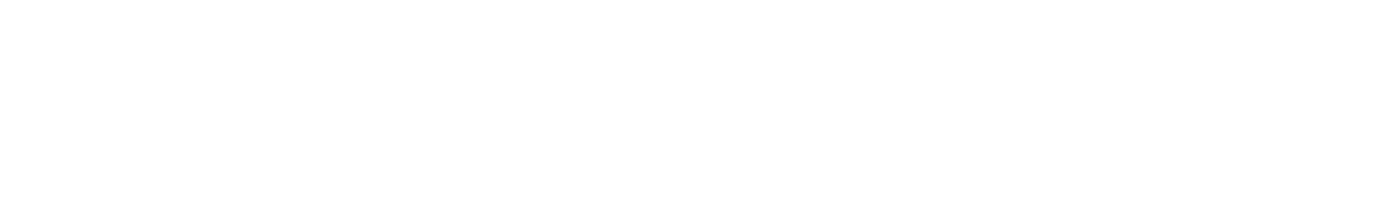
 FORM MR.04-002



**NEW CUSTOMER APPLICATION**

# Attach copies of all relevant licenses and documentation for your type of business. This application is for the expedited approval to purchase non-controlled drugs only. A controlled substance questionnaire and a credit application will be sent separately based on this initial application, if approved.

|  |
| --- |
| **Principal’s/Officer’s Contact Information**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Company Information**  Legal Name: \_\_\_\_\_\_\_\_ Trade Name (dba): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bill To Address: \_\_\_\_\_\_\_ Ship To Address: \_\_\_\_\_\_\_\_\_\_\_  City: ST: Zip: \_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ST Zip  Phone: Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of Business (Circle one): Retail – Wholesale – Broker - 3PL – Other:  D&B #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_NPI #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EIN/TIN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DEA Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_ Schedules: \_\_\_\_\_\_\_\_\_\_\_\_\_  Is your business interested in purchasing controlled substances from MedMax? \_\_\_\_\_\_\_  State License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Relevant Licenses/Dates (VIPPS, NABP, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact/Designated Representative Information  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Banking and Business References**  Bank: Account #:  City: ST: Tel:  Bus. Ref. (1): Tel.:  Bus. Ref. (2): Tel.: |

Form MR.02-004A

**Regulatory and Compliance Questions**

1. Are the owners or officers of your business affiliated with, or a division of, any other pharmacy, wholesale drug distributor (WDD), or medical practice? If no, state ‘no’ below. If yes, please provide affiliated names, addresses, and license #’s below.
2. Is your company or any of its employees **not** in full compliance with current FDA, DSCSA, and/or State drug regulations? If no, state ‘no’ below. If yes, state ‘yes’ explain non-compliance.
3. Are there any current or past criminal or disciplinary actions against your company

or any of its principals, owners, or officers by any State/Federal agency over the last

ten years? If no, state ‘no’ below. If yes, state ‘yes’ and provide relevant information below.

# Attestation and Agreement

I hereby attest, as an officer or agent of applicant that all information in this application is

current, complete and accurate. This information has been furnished with the understanding that it will be used to determine the legitimacy and compliance of the applicant’s business and owners/officers. Applicant will inform MedMax of any future changes submitted on this initial application.

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

Please email this application as an attachment to [compliance@medmaxrx.com](mailto:compliance@medmaxrx.com)

or fax to 516-931-2001.

If any questions, please email at address above or call MedMax Rx Sales at 1-844-777-4700.