

Customer Information Form

Addresses

Invoice Address

Company:

Address:

Address 2:

City State Zip:

Shipping Address

Check if same as Invoice Address

Company:

Address:

Address 2:

City State Zip:

Contacts

Purchasing Contact

Name:

Phone:

Fax:

E-mail:

AP Contact

Name:

Phone:

Fax:

E-mail:

Credit Card Information

Name On Card:

Credit Card Number:

Expiration Date:

Digits from the back:

Authorized Representative (print Name)

Payment Terms are Upon Receipt

Bill my credit card for invoices received from RxCoop where applicable. Check One YES No

Authorized Signature _____ Date: _____

Shipping Preferences

Notes