




*Rx and Medical Supplies
Wholesale, Inc.*

8000 W 24TH AVE #5
HIALEAH, FL. 33016

 (786)953-6813

Account Set-Up

Questions? Contact one of our dedicated sales representatives today!

Billing Information

LEGAL NAME		TAX ID (EIN) #	
BILLING ADDRESS		DBA	
SUITE / BUILDING	CITY	STATE	9-DIGIT ZIP CODE
PHONE #		ALT. PHONE #	
FAX #			
EMAIL			
OWNER'S NAME			
A.P. CONTACT NAME			
A.P. CONTACT PHONE #		A.P. CONTACT FAX #	
A.P. CONTACT EMAIL			
AUTHORIZED PURCHASER		AUTHORIZED PURCHASER'S TITLE	
PHONE #		FAX #	
EMAIL			
PREFERRED METHOD OF RECEIVING STATEMENT		Email	Fax

Shipping Information

PHARMACY NAME		NPI #	
DBA		HIN #	DEA #
SHIPPING ADDRESS		SUITE/BUILDING	
CITY	STATE	9-DIGIT ZIP CODE	
PHONE #		ALT. PHONE #	
FAX #			
EMAIL			
ARE YOU SALES TAX EXEMPT?		Yes	No
IF YES, PLEASE ENSURE YOU PROVIDE A COPY OF YOUR TAX EXEMPT STATUS.			

Customer Insights

ARE YOU A 340B ENTITY?		Yes	No
If yes, please provide 340B ID #:			
ARE YOU AFFILIATED WITH A BUYING GROUP?		Yes	No
If yes, please indicate which one:			
ARE YOU AFFILIATED WITH OR OWNED BY A HEALTH SYSTEM?		Yes	No
If yes, please indicate which ones:			
CLASS OF TRADE			
Retail Pharmacy	LTC Pharmacy Closed Door	Student Health Facility	Hospital Out-Patient Pharmacy
Specialty / Infusion	LTC Pharmacy Open Door	Government Facility	Hospital In-Patient Pharmacy
Other:			
WHO IS YOUR PRIMARY WHOLESALER?		WHAT IS YOUR TOTAL MONTHLY GENERIC SPEND?	
ARE YOU OBLIGATED TO SPEND A % OR \$ AMOUNT WITH YOUR PRIMARY WHOLESALER?		HOW MUCH OF THAT IS SPENT WITH YOUR PRIMARY WHOLESALER?	
Yes		No	
WHAT IS YOUR AVERAGE MONTHLY GENERIC REBATE IN % OR \$ AMOUNT?			
WHAT IS YOUR AVERAGE MONTHLY BRAND SPEND WITH YOUR PRIMARY WHOLESALER?		WHAT ARE YOUR BRAND DISCOUNTS?	
HOURS OF OPERATION			
MON	TUE	WED	
THU	FRI	SAT	
DO YOU ACCEPT SATURDAY DELIVERY?		Yes	No

Please attach copies of the following documents

1. State license
2. Federal DEA and/or HIN certificate
3. Sales tax exemption certificate
4. W-9 form

INFORMATION OF PERSON COMPLETING THIS FORM
NAME

TITLE OF PERSON COMPLETING FORM

SIGNATURE

DATE



**Fax signed form to
(305)821-4338**

ATTN: RX & MEDICAL

The information and signature provided above will only be used to set-up your RX & MEDICAL SUPPLIES account.