

# Account Set-Up



Questions? Contact one of our dedicated sales representatives today!

1-855-772-2879 | www.andameds.com | 1-800-989-0700

## 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

PHYSICIAN/CLINIC 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

Clinic  Physician  Retail  Other:

WHAT IS YOUR SPECIALTY?

WHAT IS YOUR TOTAL MONTHLY SPEND FOR VACCINES?

WHAT IS YOUR TOTAL MONTHLY SPEND FOR GENERIC INJECTABLES?

WHAT IS YOUR TOTAL MONTHLY SPEND FOR MEDICAL/SURGICAL SUPPLIES?

ARE YOU PURCHASING DIRECTLY FROM ANY MANUFACTURER?  Yes  No

WHO IS YOUR PRIMARY DISTRIBUTOR?

HOURS OF OPERATION

MON		TUE		WED	
THU		FRI		SAT	

### 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

ANDAMEDS SALES REPRESENTATIVE



**Fax signed form to  
1-800-989-0700**

The information and signature provided above will only be used to set-up your AndaMEDS account.

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