



## Store Profile Form

To start using your discounts immediately, complete form and **fax back** to TCG at (866) 584-4116 or scan and email to [swilliams@thecompoundersgroup.com](mailto:swilliams@thecompoundersgroup.com)

### Veteran's Day Special - \$100 One-Time Registration Fee

Store Name: _____	
Owner: _____	
Email: _____	
Your Buyers Name: _____ Email: _____	
<b>Shipping Address</b>	
Street: _____	
City: _____ ST: _____ Zip: _____	
Phone: _____ Fax: _____	
<b>Billing Address (if different from above)</b>	
Street: _____	
City: _____ ST: _____ Zip: _____	
If you own more than one store, each is required to be listed. No additional charge applies.	
Pharmacy Name: _____	
Street: _____	
City: _____ ST: _____ Zip: _____	
Phone: _____ Fax: _____	
Buyers Name: _____	

#### Payment Method

Mastercard \_\_\_ Visa \_\_\_ AMEX \_\_\_ Card#: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like The Compounders Group to be my preferred buying group. (please check)  
By checking the above box, you allow TCG to activate all discounts available to you.

## Pharmacy Information

DEA #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NCPDP #: \_\_\_\_\_ NPI#: \_\_\_\_\_

State License # (copy needed): \_\_\_\_\_

Pharmacy License # (copy needed): \_\_\_\_\_

Federal Tax ID (W-9 needed) \_\_\_\_\_

## Store Questions Form

To better serve your pharmacy, please answer the following questions.

Primary Wholesaler: \_\_\_\_\_

Top five chemicals used/quantity/price/supplier:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Are there any vendors you would like to see on our list? (if possible)

\_\_\_\_\_

Are there any vendors you prefer not to buy from?

\_\_\_\_\_

Do you offer sterile compounding at your pharmacy?

\_\_\_ Yes \_\_\_ No

On average, how many scripts to you prepare per day? \_\_\_\_\_

What is your approximate compounded sales total per year? \_\_\_\_\_

How many items do you ship per day? \_\_\_\_\_

Who is your current shipping provider? \_\_\_\_\_

\_\_\_ Please provide paperwork to link my FedEx account to the TCG discount program.  
Account Number: \_\_\_\_\_

\_\_\_ I do not have a FedEx account, but would more information.

All information shared on this sheet will only be used by The Compounders Group and will be kept strictly confidential.