



CUSTOMER INFORMATION FORM

INSTRUCTIONS: Complete this document and fax to 630-277-8340 or email at custserv@pharmreturns.net for PRS to register your account.

NOTE: Once customer setup is completed and recorded with PRS, this document only needs to be updated if changes have occurred with your wholesaler, licenses, or contact/facility information.

Facility Information:

Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Contact Name/Title: _____
Contact Email: _____

Accounts Payable Information:

Contact Name: _____
Email Address: _____
Telephone Number: _____ Ext: _____

Wholesaler Information (If applicable):

Wholesaler Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Account #: _____
DEA #: _____

To proceed with processing returns for your facility, it is necessary for us to obtain photocopies of the following licenses:

Federal DEA License #: _____ Exp. Date: _____
State Controlled License #: _____ Exp. Date: _____
State Business License #: _____ Exp. Date: _____