



## Store Profile Form

Please complete form and fax back to TCG at (866) 584-4116, scan and email to [swilliams@thecompoundersgroup.com](mailto:swilliams@thecompoundersgroup.com) or mail to TCG, 3600 Stillmeadow Dr., Bryan, TX 77802

**One-Time Registration Fee - \$250**  
**Quarterly Fee - \$300**

**Store Name:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Your Buyers Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Shipping Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Billing Address (if different from above)

Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

### Payment Method

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

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

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

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

After the initial set-up, this card will be charged \$300 at the beginning of each quarter to cover your membership investment. You will receive an email prior to each charge reminding you of the pending transaction.

**Store Name:** \_\_\_\_\_

**Pharmacy Information**

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

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

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

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

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

If you have more than one location, each location needs to be listed on our roster. Please include additional stores below.

Pharmacy Name: _____
Street: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____
Buyers Name: _____

Pharmacy Name: _____
Street: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____
Buyers Name: _____

**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.**

# Store Questions Form

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

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

Top 10 chemicals used/quantity/price/supplier:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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 do 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 link my established FedEx account to the TCG discount program.

Account Number: \_\_\_\_\_

\_\_\_\_\_ I do not have a FedEx account, but would like to establish one.

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