



## 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)

### \$500 One-Time Registration Fee

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: \_\_\_\_\_

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.