



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

\$250 One-Time Registration Fee | \$300 Quarterly 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: _____

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.

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.