

# Welcome to CRE8 Pharmacy.

Our highly experienced staff will be taking care of you shortly and we all look forward to being a part of your success.

At CRE8 Pharmacy we are dedicated to providing the medical community with the highest quality of pharmacy services. In order for us to service your clinic we would need all the appropriate forms filled out and submitted/ faxed/scanned or emailed to the pharmacy at your earliest convenience.

Please use this guide below and ensure you have included all items listed:

- Client Information Form (filled in & signed)
- Credit Card A/R Form (filled in & signed)
- Refund and Damaged Goods Policy (filled in & signed)
- Copy of your most recent State License
- Copy of your most recent DEA License

To learn more about our services or our team we encourage you to visit our website at [www.cre8pharmacy.com](http://www.cre8pharmacy.com) and we look forward to earning your business.

Discover for yourself why some of the leading physicians in the United States trust and use CRE8 Pharmacy for our attention to detail, reliability, service and competitive pricing.

To your Health and Vitality from the entire CRE8 Pharmacy Group.

888.224.5181 toll free  
754.529.8353 local  
754.529.8294 fax

# Client Information Form



| CLINIC INFO |  |          |         |         |  |
|-------------|--|----------|---------|---------|--|
| CLINIC NAME |  |          |         |         |  |
| ADDRESS     |  |          |         |         |  |
| CITY        |  |          |         |         |  |
| STATE       |  | ZIP CODE |         | COUNTRY |  |
| TEL #       |  |          | FAX #   |         |  |
| EMAIL 1     |  |          | EMAIL 2 |         |  |

| BILLING INFO |  |          | SAME AS ABOVE |         |  |
|--------------|--|----------|---------------|---------|--|
| ADDRESS      |  |          |               |         |  |
| CITY         |  |          |               |         |  |
| STATE        |  | ZIP CODE |               | COUNTRY |  |

| DOCTOR(S) INFO  |  |                 |  |
|-----------------|--|-----------------|--|
| DOCTOR NAME     |  | DOCTOR NAME     |  |
| STATE LICENSE # |  | STATE LICENSE # |  |
| DEA LICENSE #   |  | DEA LICENSE #   |  |
| NPI LICENSE #   |  | NPI LICENSE #   |  |

**ALONG WITH THIS APPLICATION PLEASE FAX A COPY OF YOUR MOST CURRENT DEA LICENSE & STATE LICENSE**

To ensure that all prescriptions received by CRE8 Pharmacy are pursuant to a valid patient/doctor relationship, we require that our prescribing physicians agree that the following elements are satisfied prior to sending us a prescription. For the purposes of state law, many state authorities, with the endorsement of medical societies consider the existence of the following elements as an indication that a legitimate doctor/patient relationship has been established:

1. A physical examination has been performed
2. A medical history has been taken
3. A patient has a medical complaint
4. Some logical connection exists between the medical complaint, the medical history, the physical examination and the drug prescribed.

I agree that all prescriptions sent to CRE8 Pharmacy have met the criteria above. I agree that there is no other agreement, oral, or otherwise that negates this one.

|                    |  |
|--------------------|--|
| DOCTOR'S SIGNATURE |  |
|--------------------|--|

| CLINIC AUTHORIZED PERSONNEL |  |              |  |
|-----------------------------|--|--------------|--|
| NAME                        |  | NAME         |  |
| TITLE                       |  | TITLE        |  |
| EXT / CELL #                |  | EXT / CELL # |  |

## Credit Card - A/R Request Form

### CLINIC INFO

|           |  |       |  |          |  |         |
|-----------|--|-------|--|----------|--|---------|
| NAME      |  |       |  |          |  |         |
| ADDRESS   |  |       |  |          |  |         |
| CITY      |  |       |  |          |  |         |
| TELEPHONE |  | STATE |  | ZIP CODE |  | COUNTRY |

### DOCTOR(S)

|       |  |       |  |
|-------|--|-------|--|
| NAME  |  | NAME  |  |
| EMAIL |  | EMAIL |  |

### CONTACT PERSONNEL TO RECEIVE EMAILED STATEMENTS

|              |  |              |  |
|--------------|--|--------------|--|
| NAME         |  | NAME         |  |
| TITLE        |  | TITLE        |  |
| EXT / CELL # |  | EXT / CELL # |  |
| EMAIL        |  | EMAIL        |  |

**I (we) hereby authorize CRE8 Pharmacy to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until CRE8 Pharmacy is notified by me (us) in writing to cancel it in such time as to afford CRE8 Pharmacy and/or Credit Card Company a reasonable opportunity to act on it. All receipts are sent directly to the cardholder within 24 hours. All records are kept in a secure file electronically password protected and accessible to authorized personnel only.**

### CREDIT CARD INFO

|                  |       |            |       |      |  |
|------------------|-------|------------|-------|------|--|
| VISA             |       | MASTERCARD |       | AMEX |  |
| NAME ON CARD     |       |            |       |      |  |
| CREDIT CARD #    |       |            |       |      |  |
| EXPIRY DATE      | MONTH | YEAR       | CVV # |      |  |
| BILLING ZIP CODE |       |            |       |      |  |

|      |  |                         |  |
|------|--|-------------------------|--|
| DATE |  | SIGNATURE FOR REFERENCE |  |
|------|--|-------------------------|--|

### CLINIC A/R ACCOUNT PREFERENCE - FOR CRE8 PHARMACY ONLY

|              |  |             |  |             |  |
|--------------|--|-------------|--|-------------|--|
| CC POS DAILY |  | A/R DAILY   |  | A/R WEEKLY  |  |
| APPROVED BY  |  | APPROVED BY |  | APPROVED BY |  |

**CC POS DAILY** - CC CHARGED ON DAY ORDER IS SHIPPED. NO DETAILED INVOICE INCLUDED.

**A/R DAILY** - CC CHARGED ON DAY ORDER IS SHIPPED. DETAILED STATEMENT WILL BE EMAILED EVERY WEDNESDAY.

**A/R WEEKLY** - CC CHARGED EVERY MONDAY FOR ALL ORDERS PLACED THE PREVIOUS WEEK. DETAILED STATEMENT WILL BE EMAILED EVERY MONDAY.

## Return & Refund Policy

### Refund Process

CRE8 Pharmacy cares about your complete satisfaction with our compounds and products. You may return any item purchased from CRE8 Pharmacy, as long as it meets the following conditions:

- You should return the item to us within 30 days of receipt. This is strictly enforced.
- No item that has been opened or used can be returned except when the item has been damaged during shipment or is defective.
- You should return the item to us within 30 days of receipt. This is strictly enforced.

When you receive your order, please review to ensure they are in good condition (i.e. not damaged or defective) and let us know right away if there is a concern with your shipment. CRE8 Pharmacy will credit or exchange unused, defective items in their original packaging if they are returned within 30 days. If you believe your return request should be assessed beyond our listed return policy (i.e. for damages, defects, etc.), please contact customer care for further assistance.

We strive to provide top quality customer care to you, therefore, please contact us immediately if there is an issue with your order. Please contact us at 888-224-5181 or send us an email with information about your purchase, including your order number, the name of the affected products. We will have a Customer Service Associate respond to you as quickly as possible. Please do not discard any items unless you have been directed to do so by a Customer Service Associate.

### Return Shipping & Processing

Please return your medication in the original box your order arrived . This should be sufficient to ensure that your return arrives at our distribution center undamaged. Padded envelopes may not be an effective way to protect your return shipment, as items may be crushed during transit. Please pack your return shipment securely to ensure that the items are not damaged in transit.

We will provide free return shipping if your return is the result of our error (damaged, defective, or incorrect item, etc.). Once we receive your return, we will issue a credit or refund within 30 days and send you an email confirmation. Please note that it can take several days for the transaction to appear on your account, depending on your financial institution.

Thank you for your cooperation.  
CRE8 Pharmacy Team

I agree and understand the terms outlined above: (PLEASE SIGN BELOW)

|            |  |
|------------|--|
| DATE       |  |
| PRINT NAME |  |
| SIGNATURE  |  |