

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
- Application will not be processed without the above copies (if applicable)**

To learn more about our services or our team we encourage you to visit our website at 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 <u>DEA LICENSE & STATE LICENSE</u>			

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 USE 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 THE FOLLOWING WEEK.

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

Return, Refund & Compounded Medication Policy



Return & 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 have contacted us/returned the item to us within 72 hours 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.
- Inquires regarding a missing package/item must be made to the pharmacy within 48 hours of the package being shipped from our facility.

When you receive your order, please review to ensure it is 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 72 hours. 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 with information about your purchase, including your prescription number and list 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 in. This should be sufficient to ensure that your return arrives at our pharmacy 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 7 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.

Compounded Medication Disclaimer

By Definition: Drug compounding is often regarded as the process of combining, mixing, or altering ingredients to create a medication tailored to the needs of an individual patient. Compounding includes the combining of two or more drugs. Please keep in mind that not all medication works the same for each patient. CRE8 Pharmacy is not responsible for patients who claim that something is not working for them personally. CRE8 Pharmacy will gather information from both the patient and the prescriber to come to a solution that fits all parties.

Thank you for your cooperation,
CRE8 Pharmacy Team

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

DATE	
PRINT NAME	
SIGNATURE	

When submitting the application via email, please send all documents in one PDF attachment to the email that was provided to you - **photos will not be accepted.** Thank you.