



# ACCOUNT SET-UP FORM

Account Name: \_\_\_\_\_

Date: \_\_\_\_\_

d/b/a: \_\_\_\_\_

Address: \_\_\_\_\_

<Store Label>

City/St/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Informacast #: Primary \_\_\_\_\_

Fax # \_\_\_\_\_

Informacast# Secondary \_\_\_\_\_

E-Mail: \_\_\_\_\_

Informacast# Alternate \_\_\_\_\_

Store Owner: \_\_\_\_\_

Salesman: \_\_\_\_\_

DEA # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Primary Supplier: \_\_\_\_\_

Terms: \_\_\_\_ Days EFT \_\_\_\_ Check Fax

RDC Statement Delivery: ProWeb \_\_\_\_ Fax \_\_\_\_ Mail \_\_\_\_

Discount: RX \_\_\_\_% OTC \_\_\_\_%

Store Hours Mon- Fri \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

## ProWeb Ordering System:

Full System \_\_\_\_ Software Only \_\_\_\_ Scanner \_\_\_\_ ProMobile \_\_\_\_ Pharmacy System \_\_\_\_\_

Order Pull Time: Sun – Thurs \_\_\_\_\_ Fri \_\_\_\_\_ P.O.S \_\_\_\_\_

CSOS Certification Y N

## Additional Customer Options:

Price Stickers: Y N Retail Pricing: Level 1 Level 2 Level 3

Name On Price Sticker: \_\_\_\_\_ (8 Max)

Price Rounding: 9's 5's & 9's Other: \_\_\_\_\_

Masking (Cost) Code: Numeric Alpha \_\_\_\_\_

Quality Care Member: Y N OptiSource Contract: Y N

Generic Looping: Y N

GPO & Other Contracts: \_\_\_\_\_

## Marketing Programs:

New Item Distribution Rx Brand: Y N Smart Buys: Y N

Multiple Stores in GROUP: Acct# \_\_\_\_\_ Acct# \_\_\_\_\_ Acct# \_\_\_\_\_

Acct# \_\_\_\_\_ Acct# \_\_\_\_\_ Acct# \_\_\_\_\_ Acct# \_\_\_\_\_

COMMENTS: