



# Pharmaceutical Returns Service

110 Oak Street North Aurora, IL 60542-1109  
(630) 892-8760 (800) 215-5878 Fax (630) 892-8780

## — CUSTOMER INFORMATION —

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name / Title \_\_\_\_\_

**DEA #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

*Please include a photocopy of your DEA Registration.*

## — WHOLESALER INFORMATION —

Wholesaler Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

## — DIRECT ACCOUNTS —

Manufacturer \_\_\_\_\_

Account # \_\_\_\_\_

Manufacturer \_\_\_\_\_

Account # \_\_\_\_\_

Manufacturer \_\_\_\_\_

Account # \_\_\_\_\_

**COST CODE** \_\_\_\_\_