

Customer Information and Application

Please contact Foundation Care directly at 833.291.2773 to place orders for ICLUSIG®.

Legal Name: _____ d/b/a: _____

Main Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Federal Tax ID: _____ DUNs Number: _____

GS1 Company Prefix: _____ "Ship to" GLN# and sGLN#: _____ "Bill to" GLN# and sGLN#: _____

Primary Contact Name: _____ Phone: _____

Accts Payable Contact Name: _____ Accts Payable Phone: _____

Accts Payable Fax: _____ Accts Payable Email: _____

Bill to Address (if different than main address): _____

City: _____ State: _____ Zip Code: _____

Ship to Address* (if different than main address): _____

City: _____ State: _____ Zip Code: _____

***If multiple ship to locations, write, 'See Attached' in the shipping address field and complete the multiple sites form on page 3.**

Ownership Type: Proprietorship Partnership Limited Partnership LLC (S) Corp (C) Corp
 Other _____

Owners and/or Officers Names and Titles:

ICLUSIG[®] Direct

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Have you ever filed for bankruptcy? No Yes (Attach explanation)

Are you eligible to purchase as a 340B entity? No Yes (Complete the 340B Attestation found on the website)

Additional Information

Please attach the following documentation to this application:

- > DEA Registration
- > Annual Financial Statements for the last 3 years (please include balance sheets, income statements, etc.)
- > W-9
- > Copies of 3 most recent and consecutive primary supplier statements
- > Copy of Resale/Tax Exemption Certificate

Credit References (one of which must be a primary bank reference and one of which must be a supplier):

1. Name: _____ Contact Person: _____

Phone Number: _____ Email: _____

2. Name: _____ Contact Person: _____

Phone Number: _____ Email: _____

3. Name: _____ Contact Person: _____

Phone Number: _____ Email: _____

I wish to be contacted about specialty pharmacy services.

Note that invoice payment will be due 30 days from date of invoice.

Signature: X _____ Title: _____

Print Name: _____ Date: _____

Please email completed form to FCPiclusig@foundcare.com.

FoundCare.com

P: 833.291.2773

4010 Wedgeway Court, Earth City, MO

63045

Foundation Care[™]
An AcariaHealth Solution

ICLUSIG[®] Direct

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Please use this page if additional space was needed from a previous section.

Additional Shipping Addresses:

Location Name: _____ Street Address: _____

City: _____ State: _____ Zipcode: _____ 340B WAC

State License No.: _____ DEA No.: _____ GLN# and sGLN: _____

Contact Name: _____ Phone: _____ In Patient Out Patient

Location Name: _____ Street Address: _____

City: _____ State: _____ Zipcode: _____ 340B WAC

State License No.: _____ DEA No.: _____ GLN# and sGLN: _____

Contact Name: _____ Phone: _____ In Patient Out Patient

Location Name: _____ Street Address: _____

City: _____ State: _____ Zipcode: _____ 340B WAC

State License No.: _____ DEA No.: _____ GLN# and sGLN: _____

Contact Name: _____ Phone: _____ In Patient Out Patient

Location Name: _____ Street Address: _____

City: _____ State: _____ Zipcode: _____ 340B WAC

State License No.: _____ DEA No.: _____ GLN# and sGLN: _____

Contact Name: _____ Phone: _____ In Patient Out Patient

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