



Please email completed form to: CIG_Admin@pfizer.com

Customer Account Application

SECTION I – Shipping Information

Account Name _____

Name Line 2 _____

Address _____ Suite # _____

City _____ State _____ Zip _____

Contact Name (Print) _____

Telephone Number _____ Fax Number _____

E-Mail Address _____

SECTION II – Billing Information – Invoice delivery address (if different than Section I)

Billing Account Name _____

Billing Address _____ Suite # _____

City _____ Stated _____ Zip _____

Contact Name (Print) _____

Telephone Number _____ Fax Number _____

E-Mail Address _____

Do you agree to be contacted by (Check box):

<input type="checkbox"/> FAX	<input type="checkbox"/> E-Mail
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SECTION III – Financial Responsible (Payer) – (if different than Section II)

Account Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

E-Mail Address _____

SECTION IV - License Information

State License _____ Expiration Date _____

DEA License _____ Expiration Date _____

Ohio TDDD License _____

Is this account exempt from sales and use tax? (Check box)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Sales Tax Exemption Number (Photo copy of State Exemption required) _____

SECTION V – Representative/Submitter

This information is true and accurate to the best of my knowledge.

Representative Printed Name _____

Signature _____ Territory / Title _____ Date (mm/dd/yy) _____