

## 1. CUSTOMER AND SHIPPING INFORMATION

Company Name: \_\_\_\_\_ Account #/ #'s: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

If there is more than one shipping address, please include an attachment with additional addresses listed.

## 2. PRODUCT CATEGORY & LICENSE INFORMATION

I, the undersigned, am a medical professional with prescriptive authority for the above-named facility. I am licensed to authorize and hereby give my authorization for the purchase and shipment of medications and devices through J&B Medical for the categories indicated below. **A copy of the license(s) must be submitted with this application.**

☐ Unlimited Medications and Medical Devices - No Narcotics

☐ Limited Medications and Medical Devices - No Narcotics. Please List: \_\_\_\_\_

\_\_\_\_\_

Physician's License or State Board Pharmacy License #: \_\_\_\_\_

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

## 3. STATEMENT OF AUTHORITY & SIGNATURE

I hereby swear under the penalty of perjury that the above-listed license information is current and accurate and I am, therefore, licensed to authorize the shipment of the indicated products and/or substances indicated on this form to the facility or address designated.

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

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

This Authorization is only valid if accompanied by a copy of the license. Upon expiration, a new authorization must be submitted for orders to be processed. If the undersigned is no longer associated with the customer facility, this Authorization will immediately become invalid and a new Authorization, including applicable license(s), must be submitted for orders to be processed.

**Return this form along with a copy of the license(s) by fax: (248) 960-7985, e-mail: [medsurrgcsreps@jandbmedical.com](mailto:medsurrgcsreps@jandbmedical.com), mail: J&B Medical 50496 Pontiac Trail, Wixom, MI 48393, or your J&B Medical sales representative.**