

Buying Group Lead Form

Buying Group Name:

Kinray Lead ☐ Cardinal Lead ☐

Date _____



Prospect / Store Information

Pharmacy Name: _____

DBA: _____

Address: _____

City - State Zip : _____

Phone # _____ Fax # _____

E-mail _____

Cell # _____

Contact Name: _____ Principal Owner _____

Prospect / Proposed Volume

Current Primary wholesaler: _____

Current total volume \$ _____

Estimated 80% committed amount \$ _____

HIV Volume \$ _____ Expected GCR % _____

Check all that applies

☐ Affiliated Member ☐ Unaffiliated Member ☐ Start-Up Pharmacy

☐ Sub-Group Member - Sub-Group Name _____

Proposed Payment Terms: _____