

# VA/FSS Wholesaler Ordering Authorization Form

CuraScript<sup>SD</sup>

Please complete and return with licensure to fax 866.628.8942.

## Organization Information

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Authorized FSS Organization:  VA  DoD  Public Health Systems  Coast Guard  Other

If other, Name of Organization: \_\_\_\_\_

Medical Facility Name: \_\_\_\_\_

DEA No.: \_\_\_\_\_

NPI No.: \_\_\_\_\_

## Ship To Information

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Ship To Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Suite/Building/Floor/Mailstop: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## Billing To Information

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Bill To Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Suite/Building/Floor/Mailstop: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Any orders placed with CuraScript SD under this authorization will be governed by the terms and conditions of the Federal Supply Schedule (FSS) Agreement.

This FSS WHOLESALER order authorization is for use only where the product or products to be ordered from CuraScript SD are subject to the FSS Agreement. For questions regarding this agreement, please contact CuraScript SD Customer Support at 877.900.9223.

## FSS Facility Representative Contact Information

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Completed: \_\_\_\_\_