

## NEW ACCOUNT APPLICATION

Name: \_\_\_\_\_ D.B.A: \_\_\_\_\_ Federal ID No: \_\_\_\_\_

Type of Business:  Hospital  Pharmacy  Wholesaler  Distributor  Other \_\_\_\_\_

### Billing Address:

Street: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Acct. Payable Contact: \_\_\_\_\_

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

### Shipping Address:

Radio-pharmacy: \_\_\_\_\_

Street: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is your business a member of a Group Purchasing Organization (GPO)?

Yes  No If Yes, which GPO? \_\_\_\_\_

Is your business a covered entity and requesting 340B Pricing?

Yes  No If Yes, please provide 340B ID: \_\_\_\_\_

Is your facility administering:

Indium Patient Ready Dose Only

Y90 Patient Ready Dose Only

Both

### Return Completed Application to:

Sonya Brown  
Phone: 919-539-2438  
Fax: 877-264-8483  
Email: Sonya.Brown@sppirx.com