

Date Submitted _____

Submitted by _____

CUSTOMER ORDERING INFORMATION	
Facility Name	
City/State	
Facility Main Phone	
Purchasing Contact Name	
Purchasing Contact Phone	
Primary Wholesaler/Distributor*	
Secondary Wholesaler/Distributor*	
Other Wholesaler/Distributor*	
GPO Affiliation	
Does Customer Use CSOS - Yes/No	
Does customer need to be set up as Direct - Yes/No	
If yes - complete the following	
Legal Name of Practice	
Legal Address	
Person to sign contracts	
Person to receive legal notices	
Email to send legal notices	
Address to send legal notices	

*** If McKesson - confirm if they use Mckesson or McKesson Med-Surg**

This form is to be completed by AcelRx personnel only. Not for distribution to customers.

Form must be completed and submitted with all REMS submissions

*If immediate need - text form to **Monica (724-719-1020)** and **Bill (908-268-4066)** and email a copy to **dsuviarems@acelrx.com***

*If not immediate need - email form to: **dsuviarems@acelrx.com***