



**ACCOUNT REGISTRATION &
MEDICATION MANAGEMENT SUBSCRIPTION FORM**

o/a PMC Pharmacy Inc. 7-9525 Mississauga Road, Brampton ON L6X 0Z8

Phone: (905) 451-4888 Fax: (905) 451-8883 www.RedBoxRx.ca orders@redboxrx.ca

To open a business account, complete ALL sections (2 pages) and submit by secure email to orders@redboxrx.ca or fax to 905-451-8883.

Each section is mandatory for Regulatory & Merchant Contract reasons. Chain clinics require a separate form is for each clinic.

Company/Shipping Information

Company Name (please include business name on door front if different)			
Main Contact Person Name and Title			
Ship To Street Address including Unit #			
City	Province		
Postal Code	Phone Number		
Email Address	Fax Number		
Delivery Hours			

Prescriber Information (Required for Regulatory purposes) – All accounts are subject to verification

**Please note, while prescribing tasks maybe delegated, the MRP is responsible for any narcotics or dangerous drugs ordered for their clinics. We require the express consent of the MRP via authenticated and secure messaging in order to dispatch these substances.*

Chief Prescriber (MRP)	Provincial License#		
Private Email of MRP (for secure sign-off of prescriptions)	Signature of Chief Prescriber		

Monthly Medication Management Subscription Program (Choose one, Subscription auto-renews monthly until cancelled)

<input type="checkbox"/> Priority Plus	RedBoxRx Priority Plus Program provides you with our MediTrack™ Service. You get Priority supply of Emergency Drugs + free shipping for all orders. This program is suitable for small medical and dental clinics providing no to light sedation. Be Inspection Proof at \$20 per month.
<input type="checkbox"/> Enterprise	RedBoxRx Enterprise Program includes all the benefits of our Priority Plus Program plus it includes our DrugAssure™ Service where you get Priority supply of Consumable Drugs (e.g., Anesthetics, Narcotics, Analgesics) + free shipping for all orders. This program is suitable for large clinics or multi-clinic chains, and surgical facilities providing regular deep sedation. Have Peace of Mind at \$25 per month.



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Billing Information (all sections must be completed to comply with VISA/Mastercard Terms)

Cardholder Name (as appears on card)			
Credit Card Type	<input type="radio"/> Visa <input type="radio"/> Mastercard (AMEX not accepted)		
Credit Card Number			
Credit Card Expiry Date		Credit Card Verification (CCV) Number on back of card	
Billing Street Address for Credit Card			
City		Postal Code	
<p>Agreement: Credit Cards will be processed prior to sending out drug orders. Last 4 digits of credit card and expiry date will be confirmed prior to processing credit card. By submitting this application, you authorize RedBoxRx to process your credit card for drug orders placed prior to delivery.</p>			
<p>Unless registered for Monthly Medication Management Program above, a minimum order value of \$1500.00 is required for free regular ground delivery. A \$10 surcharge is added for cold-chain and COS deliveries regardless of order value. RedBoxRx reserves the right to require a minimum order quantity and/or minimum order value for prepaid shipments at its sole discretion. All orders are shipped via ground and will follow the carrier's standard time frame for delivery. Customer's requesting Expedited Shipping will bear the cost differential between the standard shipping mode and any expedited mode.</p>			
<p>Returns are subject to 20% restocking fee plus applicable shipping charges. Any Shortage or damage not reported within 2 business days will not be honored.</p>			
<p>Orders may be placed on our website at www.redboxrx.ca, however All Narcotic, Controlled and Targeted Substance Drug orders require a written, signed order with license number of prescriber to be securely emailed to orders@redboxrx.ca or faxed to 905-451-8883. This contract was not solicited by PMC Pharmacy Inc.</p>			
<p>By signing below, I authorize RedboxRx (o/a PMC Pharmacy Inc.) to process the above credit card number prior to delivery of drug orders placed by my company.</p>			
Cardholder Signature		Date	

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