LEGERE PHARMACEUTICALS
Phone: (800) 528-3144
Fax: (480) 483-0792
www.legerepharm.com
legere@legerepharm.com
15344 N 83rd Way
Scottsdale, AZ 85260

Company Profile

Dear Customer:

We must have a **current copy of the Physician's State Medical License with address information in order to comply with State and Federal Regulations**. In the event of partnership dissolution with the physician, the clinic's owner must inform Legere Pharmaceuticals immediately of the change and provide new physician information. Please complete the information requested below and email, mail or fax it back to us with a copy of the physician's license.

Please print or type – **All fields are required, if not applicable, please mark the field N/A**

Business Name: _____

Owner's Name: _____

Physician's Name: _____ Physician's Phone #: _____

Business Address: _____

_____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website Address: _____

Authorized Purchasing Agent: _____

Physician's License #: _____ Exp. Date: _____ State: _____

Physician's Signature: _____

Owner/Manager Signature: _____

Date: _____

FOR LEGERE USE ONLY

Legere Account #: _____

Documents reviewed by: _____

CUSTOMER AUTHORIZATION FORM

Please complete and return this form for our records

MAIL:

LEGERE PHARMACEUTICALS
15344 N 83RD WAY
SCOTTSDALE, AZ 85260

FAX:

(480) 483-0792

PLEASE PRINT

CUSTOMER NAME: _____

CLINIC: _____

ADDRESS: _____
(city, state) (zip)

CHARGE MY:

(Please check one) ☐ ☐ ☐ ☐

CARD NUMBER: _____

EXPIRATION DATE: _____ CSC # _____
(Credit Security Code – 3 digits for VISA, MC & Discover; 4 digits for AMEX.)

NAME OF CARD HOLDER (If different from customer's name) _____
CREDIT CARD BILLING ADDRESS (If different than above) _____

AUTHORIZED SIGNATURE: _____